

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 787

(SENATE AUTHORS: ROSEN, Frentz, Isaacson, Hayden and Benson)

DATE	D-PG	OFFICIAL STATUS
02/04/2019	242	Introduction and first reading
		Referred to Human Services Reform Finance and Policy
03/11/2019	732a	Comm report: To pass as amended and re-refer to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to human services; establishing the officer-involved community-based

1.3 care coordination grant program to provide mental health services to individuals

1.4 arrested by law enforcement; modifying medical assistance coverage for

1.5 community-based care coordination to include tribes; appropriating money;

1.6 amending Minnesota Statutes 2018, section 256B.0625, subdivision 56a; proposing

1.7 coding for new law in Minnesota Statutes, chapter 245.

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

1.9 Section 1. **[245.4663] OFFICER-INVOLVED COMMUNITY-BASED CARE**

1.10 **COORDINATION GRANT PROGRAM.**

1.11 Subdivision 1. Establishment and authority. (a) The commissioner shall make grants

1.12 to programs that provide officer-involved community-based care coordination services

1.13 under section 256B.0625, subdivision 56a. The commissioner shall balance awarding grants

1.14 to counties outside the metropolitan area and counties inside the metropolitan area.

1.15 (b) The commissioner shall provide outreach, technical assistance, and program

1.16 development support to increase capacity of new and existing officer-involved

1.17 community-based care coordination programs, particularly in areas where officer-involved

1.18 community-based care coordination programs have not been established, especially in

1.19 greater Minnesota.

1.20 (c) Funds appropriated for this section must be expended on activities described under

1.21 subdivision 3, technical assistance, and capacity building, including the capacity to maximize

1.22 revenue by billing services to available third-party reimbursement sources, in order to meet

1.23 the greatest need on a statewide basis.

2.1 Subd. 2. **Eligibility.** An eligible applicant for an officer-involved community-based care
 2.2 coordination grant under subdivision 1, paragraph (a), is a county or tribe that operates or
 2.3 is prepared to implement an officer-involved community-based care coordination program.

2.4 Subd. 3. **Allowable grant activities.** Grant recipients may use grant funds for the costs
 2.5 of providing officer-involved community-based care coordination services that are not
 2.6 otherwise covered under section 256B.0625, subdivision 56a, and for the cost of services
 2.7 for individuals not eligible for medical assistance.

2.8 Subd. 4. **Evaluation.** Grants under this section shall be formally evaluated by the
 2.9 commissioner of management and budget using an experimental or quasi-experimental
 2.10 design. The commissioner shall consult with the commissioner of management and budget
 2.11 to ensure that grants are administered to facilitate the evaluation. Grant recipients must
 2.12 collect and provide to the commissioner information needed to complete the evaluation.
 2.13 The commissioner must provide to the commissioner of management and budget the
 2.14 information collected for the evaluation. The commissioner of management and budget,
 2.15 under section 15.08, may obtain additional relevant data to support the evaluation study.

2.16 Subd. 5. **Reporting.** (a) The commissioner shall report annually on the use of
 2.17 officer-involved community-based care coordination grants to the legislative committees
 2.18 with jurisdiction over human services by December 31, beginning in 2020. Each report shall
 2.19 include the name and location of the grant recipients, the amount of each grant, the services
 2.20 provided or planning activities conducted, and the number of individuals receiving services.
 2.21 The commissioner shall determine the form required for the reports and may specify
 2.22 additional reporting requirements.

2.23 (b) The reporting requirements under this subdivision are in addition to the reporting
 2.24 requirements under section 256B.0625, subdivision 56a, paragraph (e).

2.25 Sec. 2. Minnesota Statutes 2018, section 256B.0625, subdivision 56a, is amended to read:

2.26 Subd. 56a. ~~Post-arrest~~ **Officer-involved community-based service care**
 2.27 **coordination.** (a) Medical assistance covers ~~post-arrest~~ officer-involved community-based
 2.28 service care coordination for an individual who:

2.29 (1) ~~has been identified as having~~ screened positive for benefiting from treatment for a
 2.30 mental illness or substance use disorder using a ~~screening~~ tool approved by the commissioner;

2.31 (2) does not require the security of a public detention facility and is not considered an
 2.32 inmate of a public institution as defined in Code of Federal Regulations, title 42, section
 2.33 435.1010;

3.1 (3) meets the eligibility requirements in section 256B.056; and

3.2 (4) has agreed to participate in ~~post-arrest~~ officer-involved community-based ~~service~~
3.3 care coordination through a diversion contract in lieu of incarceration.

3.4 (b) ~~Post-arrest~~ Officer-involved community-based ~~service~~ care coordination means
3.5 navigating services to address a client's mental health, chemical health, social, economic,
3.6 and housing needs, or any other activity targeted at reducing the incidence of jail utilization
3.7 and connecting individuals with existing covered services available to them, including, but
3.8 not limited to, targeted case management, waiver case management, or care coordination.

3.9 (c) ~~Post-arrest~~ Officer-involved community-based ~~service~~ care coordination must be
3.10 provided by an individual who is an employee of a ~~county~~ or is under contract with a county,
3.11 or is an employee of or under contract with an Indian health service facility or facility owned
3.12 and operated by a tribe or a tribal organization operating under Public Law 93-638 as a 638
3.13 facility to provide ~~post-arrest~~ officer-involved community-based care coordination and is
3.14 qualified under one of the following criteria:

3.15 (1) a licensed mental health professional as defined in section 245.462, subdivision 18,
3.16 clauses (1) to (6);

3.17 (2) a mental health practitioner as defined in section 245.462, subdivision 17, working
3.18 under the clinical supervision of a mental health professional; ~~or~~

3.19 (3) a certified peer specialist under section 256B.0615, working under the clinical
3.20 supervision of a mental health professional;

3.21 (4) an individual qualified as an alcohol and drug counselor under section 245G.11,
3.22 subdivision 5; or

3.23 (5) a recovery peer qualified under section 245G.11, subdivision 8, working under the
3.24 supervision of an individual qualified as an alcohol and drug counselor under section
3.25 245G.11, subdivision 5.

3.26 (d) Reimbursement is allowed for up to 60 days following the initial determination of
3.27 eligibility.

3.28 (e) Providers of ~~post-arrest~~ officer-involved community-based ~~service~~ care coordination
3.29 shall annually report to the commissioner on the number of individuals served, and number
3.30 of the community-based services that were accessed by recipients. The commissioner shall
3.31 ensure that services and payments provided under ~~post-arrest~~ officer-involved
3.32 community-based ~~service~~ care coordination do not duplicate services or payments provided
3.33 under section 256B.0625, subdivision 20, 256B.0753, 256B.0755, or 256B.0757.

4.1 ~~(f) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of cost for~~
4.2 ~~post-arrest community-based service coordination services shall be provided by the county~~
4.3 ~~providing the services, from sources other than federal funds or funds used to match other~~
4.4 ~~federal funds.~~

4.5 Sec. 3. **OFFICER-INVOLVED COMMUNITY-BASED CARE COORDINATION;**
4.6 **PLANNING GRANTS.**

4.7 In fiscal year 2020, the commissioner shall make up to ten planning grants of up to
4.8 \$10,000 available to counties and tribes to establish new post-arrest community-based care
4.9 coordination programs. An eligible applicant for a planning grant under this section is a
4.10 county or tribe that does not have a fully functioning officer-involved community-based
4.11 care coordination program and has not yet taken steps to implement an officer-involved
4.12 community-based care coordination program. Planning grant recipients may use grant funds
4.13 for the start-up costs of a new officer-involved community-based care coordination program,
4.14 including data platform design, data collection, and quarterly reporting.

4.15 Sec. 4. **APPROPRIATION.**

4.16 (a) \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the
4.17 general fund to the commissioner of human services for officer-involved community-based
4.18 care coordination grants under Minnesota Statutes, section 245.4663. At least one grant
4.19 must be awarded to a county that has operated a fully functional "Yellow Line Project" to
4.20 provide officer-involved community-based care coordination services since May, 2017.

4.21 (b) \$150,000 in fiscal year 2020 is appropriated from the general fund to the commissioner
4.22 of human services for up to ten planning grants under section 3. In awarding these grants,
4.23 the commissioner must place a priority on funding nonmetro programs. \$50,000 of this
4.24 appropriation is for a grant to a county that has operated a fully functional "Yellow Line
4.25 Project" to provide officer-involved community-based care coordination services since May,
4.26 2017, to provide technical assistance to other counties or groups of counties to establish
4.27 new officer-involved community-based care coordination programs. This is a onetime
4.28 appropriation and is available until expended.

4.29 **EFFECTIVE DATE.** This section is effective July 1, 2019.