

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

S.F. No. 2674

(SENATE AUTHORS: SENJEM)

| DATE | D-PG | OFFICIAL STATUS |
|------------|------|--|
| 01/31/2022 | 4836 | Introduction and first reading Referred to Human Services Reform Finance and Policy See HF2725 |

1.1 A bill for an act

1.2 relating to human services; modifying intensive residential treatment services;

1.3 appropriating money; amending Minnesota Statutes 2020, section 256B.0622,

1.4 subdivision 5a; Minnesota Statutes 2021 Supplement, section 245I.23, subdivision

1.5 19.

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

1.7 Section 1. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 19, is

1.8 amended to read:

1.9 Subd. 19. **Program facility.** (a) The license holder must be licensed or certified as a

1.10 board and lodging facility, supervised living facility, or a boarding care home by the

1.11 Department of Health.

1.12 (b) The license holder must have a capacity of five to 16 beds and the program must not

1.13 be declared as an institution for mental disease.

1.14 (c) The license holder must furnish each program location to meet the psychological,

1.15 emotional, and developmental needs of clients.

1.16 (d) The license holder must provide one living room or lounge area per program location.

1.17 There must be space available to provide services according to each client's treatment plan,

1.18 such as an area for learning recreation time skills and areas for learning independent living

1.19 skills, such as laundering clothes and preparing meals.

1.20 (e) The license holder must ensure that each program location allows each client to have

1.21 privacy. Each client must have privacy during assessment interviews and counseling sessions.

1.22 Each client must have a space designated for the client to see outside visitors at the program

1.23 facility.

2.1 (f) Notwithstanding any other provision of law, the license holder may operate a locked
2.2 facility to provide treatment for patients who have been transferred from a jail or have been
2.3 deemed incompetent to stand trial and a judge determines that the patient needs to be in a
2.4 secure facility. The locked facility must meet building and fire code requirements. The
2.5 commissioner may, within available appropriations, disburse grant funding to counties,
2.6 Tribes, or mental health service providers to establish new locked facilities.

2.7 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
2.8 whichever is later. The commissioner of human services shall notify the revisor of statutes
2.9 when federal approval is obtained.

2.10 Sec. 2. Minnesota Statutes 2020, section 256B.0622, subdivision 5a, is amended to read:

2.11 Subd. 5a. **Standards for intensive residential rehabilitative mental health services.** (a)
2.12 The standards in this subdivision apply to intensive residential mental health services.

2.13 (b) The provider of intensive residential treatment services must have sufficient staff to
2.14 provide 24-hour-per-day coverage to deliver the rehabilitative services described in the
2.15 treatment plan and to safely supervise and direct the activities of clients, given the client's
2.16 level of behavioral and psychiatric stability, cultural needs, and vulnerability. The provider
2.17 must have the capacity within the facility to provide integrated services for chemical
2.18 dependency, illness management services, and family education, when appropriate.

2.19 Notwithstanding any other provision of law, the license holder may operate a locked facility
2.20 to provide treatment for patients who have been transferred from a jail or have been deemed
2.21 incompetent to stand trial and a judge determines that the patient needs to be in a secure
2.22 facility. The locked facility must meet building and fire code requirements.

2.23 (c) At a minimum:

2.24 (1) staff must provide direction and supervision whenever clients are present in the
2.25 facility;

2.26 (2) staff must remain awake during all work hours;

2.27 (3) there must be a staffing ratio of at least one to nine clients for each day and evening
2.28 shift. If more than nine clients are present at the residential site, there must be a minimum
2.29 of two staff during day and evening shifts, one of whom must be a mental health practitioner
2.30 or mental health professional;

2.31 (4) if services are provided to clients who need the services of a medical professional,
2.32 the provider shall ensure that these services are provided either by the provider's own medical
2.33 staff or through referral to a medical professional; and

3.1 (5) the provider must ensure the timely availability of a licensed registered nurse, either
3.2 directly employed or under contract, who is responsible for ensuring the effectiveness and
3.3 safety of medication administration in the facility and assessing clients for medication side
3.4 effects and drug interactions.

3.5 (d) Services must be provided by qualified staff as defined in section 256B.0623,
3.6 subdivision 5, who are trained and supervised according to section 256B.0623, subdivision
3.7 6, except that mental health rehabilitation workers acting as overnight staff are not required
3.8 to comply with section 256B.0623, subdivision 5, paragraph (a), clause (4), item (iv).

3.9 (e) The clinical supervisor must be an active member of the intensive residential services
3.10 treatment team. The team must meet with the clinical supervisor at least weekly to discuss
3.11 clients' progress and make rapid adjustments to meet clients' needs. The team meeting shall
3.12 include client-specific case reviews and general treatment discussions among team members.
3.13 Client-specific case reviews and planning must be documented in the client's treatment
3.14 record.

3.15 (f) Treatment staff must have prompt access in person or by telephone to a mental health
3.16 practitioner or mental health professional. The provider must have the capacity to promptly
3.17 and appropriately respond to emergent needs and make any necessary staffing adjustments
3.18 to ensure the health and safety of clients.

3.19 (g) The initial functional assessment must be completed within ten days of intake and
3.20 updated at least every 30 days, or prior to discharge from the service, whichever comes
3.21 first.

3.22 (h) The initial individual treatment plan must be completed within 24 hours of admission.
3.23 Within ten days of admission, the initial treatment plan must be refined and further developed,
3.24 except for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180.
3.25 The individual treatment plan must be reviewed with the client and updated at least monthly.

3.26 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
3.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
3.28 when federal approval is obtained.

3.29 **Sec. 3. APPROPRIATION; INTENSIVE RESIDENTIAL TREATMENT SERVICES.**

3.30 \$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of
3.31 human services to provide start-up funds to intensive residential treatment service providers
3.32 to provide treatment in locked facilities for patients who have been transferred from a jail

- 4.1 or who have been deemed incompetent to stand trial and a judge has determined that the
- 4.2 patient needs to be in a secure facility. This is a onetime appropriation.