

CHAPTER 254A

TREATMENT FOR ALCOHOL AND DRUG ABUSE

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254A.01 PUBLIC POLICY.

It is hereby declared to be the public policy of this state that the interests of society are best served by providing persons who are dependent upon alcohol or other drugs with a comprehensive range of rehabilitative and social services. Further, it is declared that treatment under these services shall be voluntary when possible: treatment shall not be denied on the basis of prior treatment; treatment shall be based on an individual treatment plan for each person undergoing treatment; treatment shall include a continuum of services available for a person leaving a program of treatment; treatment shall include all family members at the earliest possible phase of the treatment process.

History: 1973 c 572 s 1

254A.02 DEFINITIONS.

Subdivision 1. For the purposes of chapter 254A, unless the context clearly indicates otherwise, the terms defined in this section have the meanings given them.

Subd. 2. "Approved treatment program" means care and treatment services provided by any individual, organization or association to drug dependent persons, which meets the standards established by the commissioner of human services.

Subd. 3. "Comprehensive program" means the range of services which are to be made available for the purpose of prevention, care and treatment of alcohol and drug abuse.

Subd. 4. "Drug abuse or abuse of drugs" is the use of any psychoactive or mood altering chemical substance, without compelling medical reason, in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordering behavior and which results in psychological or physiological dependency as a function of continued use.

Subd. 5. "Drug dependent person" means any inebriate person or any person incapable of self-management or management of personal affairs or unable to function physically or mentally in an effective manner because of the abuse of a drug, including alcohol.

Subd. 6. "Facility" means any treatment facility administered under an approved treatment program established under Laws 1973, chapter 572.

Subd. 7. "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol, or other drugs.

Subd. 8. "Other drugs" means any psychoactive chemical other than alcohol.

Subd. 9. "Program director" means the director of any approved treatment program responsible under Laws 1973, chapter 572 for the examination, treatment or making of recommendations with respect to care and treatment of any person subject to the provisions of Laws 1973, chapter 572.

Subd. 10. "State authority" is a division established within the department of human services for the purpose of relating the authority of state government in the area of alcohol and drug abuse to the alcohol and drug abuse activities within the state.

Subd. 11. "American Indian" means a person who is a member of an Indian tribe. The commissioner shall use the definitions of "Indian" and "Indian tribe" and "Indian organization" provided in United States Code, title 25, section 450(b), as amended through December 31, 1992.

Subd. 12. "Area mental health board" or "area board" means a board established pursuant to sections 245.61 to 245.69.

Subd. 13. "Commissioner" means the commissioner of human services.

Subd. 14. "Youth" means any person 18 years of age or under.

Subd. 15. "Underserved populations" means identifiable groups of significant numbers which do not have available to them sufficient programs and services designed to meet their special alcoholism and chemical dependency needs.

Subd. 16. "Affected employee" means an employee whose job performance is substantially affected by chemical dependency.

Subd. 17. "Purchase of service agreement" means a contract between a contractor and service provider for the provision of services. The agreement shall specify the services to be provided, the method of delivery, the type of staff to be employed, and a method of evaluation of the services to be provided.

History: 1973 c 572 s 2; 1974 c 575 s 1; 1976 c 125 s 1,2; 1979 c 243 s 3; 1984 c 654 art 5 s 58; 1986 c 444; 1994 c 529 s 4

254A.03 STATE AUTHORITY ON ALCOHOL AND DRUG ABUSE.

Subdivision 1. There is hereby created an alcohol and other drug abuse section in the department of human services. This section shall be headed by a director. The commissioner may place the director's position in the unclassified service if the position meets the criteria established in section 43A.08, subdivision 1a. The section shall:

(a) conduct and foster basic research relating to the cause, prevention and methods of diagnosis, treatment and rehabilitation of alcoholic and other drug dependent persons;

(b) coordinate and review all activities and programs of all the various state departments as they relate to alcohol and other drug dependency and abuse problems;

(c) develop, demonstrate, and disseminate new methods and techniques for the prevention, treatment and rehabilitation of alcohol and other drug abuse and dependency problems;

(d) gather facts and information about alcoholism and other drug dependency and abuse, and about the efficiency and effectiveness of prevention, treatment, and rehabilitation from all comprehensive programs, including programs approved or licensed by the commissioner of human services or the commissioner of health or accredited by the joint commission on accreditation of hospitals. The state authority is authorized to require information from comprehensive programs which is reasonable and necessary to fulfill these duties. When required information has been previously furnished to a state or local governmental agency, the state authority shall collect the information from the governmental agency. The state authority shall disseminate facts and summary information about alcohol and other drug abuse dependency problems to public and private agencies, local governments, local and regional planning agencies, and the courts for guidance to and assistance in prevention, treatment and rehabilitation;

(e) inform and educate the general public on alcohol and other drug dependency and abuse problems;

(f) serve as the state authority concerning alcohol and other drug dependency and abuse by monitoring the conduct of diagnosis and referral services, research and comprehensive programs. The state authority shall submit a biennial report to the governor and the legislature containing a description of public services delivery and recommen-

dations concerning increase of coordination and quality of services, and decrease of service duplication and cost;

(g) establish a state plan which shall set forth goals and priorities for a comprehensive alcohol and other drug dependency and abuse program for Minnesota. All state agencies operating alcohol and other drug abuse or dependency programs or administering state or federal funds for such programs shall annually set their program goals and priorities in accordance with the state plan. Each state agency shall annually submit its plans and budgets to the state authority for review. The state authority shall certify whether proposed services comply with the comprehensive state plan and advise each state agency of review findings;

(h) make contracts with and grants to public and private agencies and organizations, both profit and nonprofit, and individuals, using federal funds, and state funds as authorized to pay for costs of state administration, including evaluation, statewide programs and services, research and demonstration projects, and American Indian programs;

(i) receive and administer monies available for alcohol and drug abuse programs under the alcohol, drug abuse, and mental health services block grant, United States Code, title 42, sections 300X to 300X-9;

(j) solicit and accept any gift of money or property for purposes of Laws 1973, chapter 572, and any grant of money, services, or property from the federal government, the state, any political subdivision thereof, or any private source;

(k) with respect to alcohol and other drug abuse programs serving the American Indian community, establish guidelines for the employment of personnel with considerable practical experience in alcohol and other drug abuse problems, and understanding of social and cultural problems related to alcohol and other drug abuse, in the American Indian community.

Subd. 2. American Indian programs. There is hereby created a section of American Indian programs, within the alcohol and drug abuse section of the department of human services, to be headed by a special assistant for American Indian programs on alcoholism and drug abuse and an assistant to that position. The section shall be staffed with all personnel necessary to fully administer programming for alcohol and drug abuse for American Indians in the state. The special assistant position shall be filled by a person with considerable practical experience in and understanding of alcohol and other drug abuse problems in the American Indian community, who shall be responsible to the director of the alcohol and drug abuse section created in subdivision 1 and shall be in the unclassified service. The special assistant shall meet with the American Indian advisory council as described in section 254A.035 and serve as a liaison to the Minnesota Indian affairs council to report on the status of alcohol and other drug abuse among American Indians in the state of Minnesota. The special assistant with the approval of the director shall:

(a) Administer funds appropriated for American Indian groups, organizations and reservations within the state for American Indian alcoholism and drug abuse programs.

(b) Establish policies and procedures for such American Indian programs with the assistance of the American Indian advisory board.

(c) Hire and supervise staff to assist in the administration of the American Indian program section within the alcohol and drug abuse section of the department of human services.

Subd. 3. The commissioner of human services shall establish by rule criteria to be used in determining the appropriate level of chemical dependency care, whether outpatient, inpatient or short-term treatment programs, for each recipient of public assistance seeking treatment for alcohol or other drug dependency and abuse problems. The criteria shall address, at least, the family relationship, past treatment history, medical or physical problems, arrest record, and employment situation.

History: 1973 c 572 s 3; 1974 c 575 s 2; 1979 c 243 s 4; 1981 c 355 s 30; 1981 c 360 art 2 s 18; 1982 c 560 s 53; 1982 c 607 s 13; 1984 c 545 s 1; 1984 c 654 art 5 s 58; 1992 c 513 art 9 s 23

254A.031 AMERICAN INDIAN PROGRAMS.

The commissioner shall enter into one or more purchase of service agreements to provide programs for American Indians. The agreements shall provide for residential and aftercare treatment programs, programs relating to prevention, education, and community awareness, and training programs. All programs shall be designed to meet the needs identified by the American Indian community, and appropriate recognition shall be given to the cultural and social needs of American Indians. The commissioner shall enter into the agreements after consultation with the special assistant for American Indian programs of the alcohol and drug abuse section of the department of human services, and all agreements shall be reviewed pursuant to section 254A.03.

History: 1976 c 125 s 3; 1979 c 243 s 5; 1984 c 654 art 5 s 58

254A.035 AMERICAN INDIAN ADVISORY COUNCIL.

Subdivision 1. **Establishment.** There is created an American Indian advisory council to assist the state authority on alcohol and drug abuse in proposal review and formulating policies and procedures relating to chemical dependency and the abuse of alcohol and other drugs by American Indians.

Subd. 2. **Membership terms, compensation, removal and expiration.** The membership of this council shall be composed of 17 persons who are American Indians and who are appointed by the commissioner. The commissioner shall appoint one representative from each of the following groups: Red Lake Band of Chippewa Indians; Fond du Lac Band, Minnesota Chippewa Tribe; Grand Portage Band, Minnesota Chippewa Tribe; Leech Lake Band, Minnesota Chippewa Tribe; Mille Lacs Band, Minnesota Chippewa Tribe; Bois Forte Band, Minnesota Chippewa Tribe; White Earth Band, Minnesota Chippewa Tribe; Lower Sioux Indian Reservation; Prairie Island Sioux Indian Reservation; Shakopee Mdewakanton Sioux Indian Reservation; Upper Sioux Indian Reservation; International Falls Northern Range; Duluth Urban Indian Community; and two representatives from the Minneapolis Urban Indian Community and two from the St. Paul Urban Indian Community. The terms, compensation, and removal of American Indian advisory council members shall be as provided in section 15.059. The council expires June 30, 1997.

History: 1984 c 545 s 2; 1988 c 629 s 49; 1993 c 337 s 14

254A.04 CITIZENS ADVISORY COUNCIL.

There is hereby created an alcohol and other drug abuse advisory council to advise the department of human services concerning the problems of alcohol and other drug dependency and abuse, composed of ten members. Five members shall be individuals whose interests or training are in the field of alcohol dependency and abuse; and five members whose interests or training are in the field of dependency and abuse of drugs other than alcohol. The terms, compensation and removal of members shall be as provided in section 15.059. The council expires June 30, 1997. The commissioner of human services shall appoint members whose terms end in even-numbered years. The commissioner of health shall appoint members whose terms end in odd-numbered years.

History: 1973 c 572 s 4; 1975 c 315 s 17; 1984 c 654 art 5 s 58; 1985 c 285 s 45; 1993 c 337 s 15

254A.05 DUTIES OF ADVISORY COUNCIL.

Subdivision 1. (a) The council shall assist in the formulation of policies and guidelines for the implementation of the commissioner's responsibilities in the area of alcohol and drug abuse.

(b) The council shall advise the commissioner and director on policies, goals, and the operation of the comprehensive state plan for alcohol and drug abuse program services in the state and other matters as directed by the commissioner and director, and shall encourage public understanding and support of the alcohol and drug abuse programs.

(c) The council shall make recommendations to the commissioner regarding grants and contracts which use federal funds, and state funds as authorized under section 254A.03, subdivision 1, clause (h).

Subd. 2. [Repealed, 1975 c 315 s 26]

History: 1973 c 572 s 5; 1979 c 324 s 42; 1981 c 355 s 31; 1984 c 545 s 3

254A.06 [Repealed, 1981 c 356 s 247]

254A.07 COORDINATION OF LOCAL PROGRAMS.

Subdivision 1. The county board shall coordinate all alcohol and other drug abuse services conducted by local agencies, and review all proposed agreements, contracts, plans, and programs in relation to alcohol and other drug abuse prepared by any such local agencies for funding from any local, state or federal governmental sources.

Subd. 2. The county boards may make grants for local agency programs for prevention, care, and treatment of alcohol and other drug abuse as developed and defined by the state authority. Grants made for programs serving the American Indian community shall take into account the guidelines established in section 254A.03, subdivision 1, clause (j). Grants may be made for the cost of these local agency programs and services whether provided directly by county boards or by other public and private agencies and organizations, both profit and nonprofit, and individuals, pursuant to contract. Nothing herein shall prevent the state authority from entering into contracts with and making grants to other state agencies for the purpose of providing specific services and programs. With the approval of the county board, the state authority may make grants or contracts for research or demonstration projects specific to needs within that county.

Subd. 3. [Repealed, 1979 c 324 s 50]

History: 1973 c 572 s 7; 1974 c 575 s 3; 1979 c 243 s 6; 1979 c 324 s 43,44; 1981 c 355 s 32; 1984 c 545 s 4

254A.08 DETOXIFICATION CENTERS.

Subdivision 1. Every county board shall provide detoxification services for drug dependent persons. The board may utilize existing treatment programs and other agencies to meet this responsibility.

Subd. 2. For the purpose of this section, a detoxification program means a social rehabilitation program established for the purpose of facilitating access into care and treatment by detoxifying and evaluating the person and providing entrance into a comprehensive program. Evaluation of the person shall include verification by a professional, after preliminary examination, that the person is intoxicated or has symptoms of chemical dependency and appears to be in imminent danger of harming self or others. A detoxification program shall have available the services of a licensed physician for medical emergencies and routine medical surveillance. A detoxification program licensed by the department of human services to serve both adults and minors at the same site must provide for separate sleeping areas for adults and minors.

Subd. 3. [Repealed, 1979 c 324 s 50]

History: 1973 c 572 s 8; 1976 c 286 s 1; 1978 c 674 s 26; 1979 c 324 s 45; 1981 c 355 s 33; 1989 c 282 art 2 s 101

254A.085 HENNEPIN COUNTY PILOT ALTERNATIVE FOR CHEMICAL DEPENDENCY SERVICES.

The commissioner of human services shall grant variances from the requirements of Minnesota Rules, parts 9530.4100 to 9530.4450, and the commissioner of health shall grant variances from the requirements of Minnesota Rules, parts 4665.0100 to 4665.9900, that are consistent with the provisions of this section and do not compromise the health or safety of the clients, to establish a nonmedical detoxification pilot program in Hennepin county. The program shall be designed to provide care in a secure shelter for persons diverted or referred from detoxification facilities, so as to prevent

chronic recidivism and ensure appropriate treatment referrals for persons who are chemically dependent. For purposes of this section, a "secure shelter" is a facility licensed by the commissioner of human services under Minnesota Rules, parts 9530.4100 to 9530.4450, and this section, and by the commissioner of health as a supervised living facility to provide care for chemically dependent persons. A secure shelter is considered a treatment facility under section 253B.02, subdivision 19. The secure facility authorized by this section shall be licensed by the commissioner of human services only after the county has entered into a contract for the detoxification program authorized by section 254A.086.

The pilot program established under this section must have standards for using video and advocacy group members for monitoring and surveillance to ensure the safety of clients and staff. In addition, in hiring staff, the program must ensure that the criminal background check requirements of Minnesota Rules, part 9543.3040, are met; and the commissioner of human services must ensure compliance with Minnesota Rules, parts 9543.3000 to 9543.3090. The program administrator and all staff of a secure shelter who observe or have personal knowledge of violations of section 626.556 or 626.557 must report to the office of the ombudsman for mental health and mental retardation within 24 hours of its occurrence, any serious injury, as defined in section 245.91, subdivision 6, or the death of a person admitted to the shelter. The ombudsman shall acknowledge in writing the receipt of all reports made to the ombudsman's office under this section. Acknowledgment must be mailed to the facility and to the county social service agency within five working days of the day the report was made. In addition, the program administrator and staff of the facility must comply with all of the requirements of section 626.557, the vulnerable adults act. If the program administrator does not suspend the alleged perpetrator during the pendency of the investigation, reasons for not doing so must be given to the ombudsman in writing.

The licenseholder, in coordination with the commissioner of human services, shall keep detailed records of admissions, length of stay, client outcomes according to standards set by the commissioner, discharge destinations, referrals, and costs of the program. The commissioner of human services shall report to the legislature by February 15, 1996, on the operation of the program and shall include recommendations on whether such a program has been shown to be an effective, safe, and cost-efficient way to serve clients.

History: *1Sp1993 c 1 art 3 s 18*

254A.086 CULTURALLY TARGETED DETOXIFICATION PROGRAM.

The commissioner of human services shall provide technical assistance to enable development of a special program designed to provide culturally targeted detoxification services in accordance with section 254A.08, subdivision 2. The program must meet the standards of Minnesota Rules, parts 9530.4100 to 9530.4450, as they apply to detoxification programs. The program established under this section must have standards for using video and advocacy group members for monitoring and surveillance to ensure the safety of clients and staff. In addition, in hiring staff, the program must ensure that the criminal background check requirements of Minnesota Rules, part 9543.3040, are met; and the commissioner of human services must ensure compliance with Minnesota Rules, parts 9543.3000 to 9543.3090. The program administrator and all staff of the facility must report to the office of the ombudsman for mental health and mental retardation within 24 hours of its occurrence, any serious injury, as defined in section 245.91, subdivision 6, or the death of a person admitted to the shelter. The ombudsman shall acknowledge in writing the receipt of all reports made to the ombudsman's office under this section. Acknowledgment must be mailed to the facility and to the county social service agency within five working days of the day the report was made. In addition, the program administrator and staff of the facility must comply with all of the requirements of section 626.557, the vulnerable adults act. The program shall be designed with a community outreach component and shall provide services to clients in a safe environment and in a culturally specific manner.

History: *1Sp1993 c 1 art 3 s 19*

254A.09 CONFIDENTIALITY OF RECORDS.

The department of human services shall assure confidentiality to individuals who are the subject of research by the state authority or are recipients of alcohol or drug abuse information, assessment, or treatment from a licensed or approved program. The commissioner shall withhold from all persons not connected with the conduct of the research the names or other identifying characteristics of a subject of research unless the individual gives written permission that information relative to treatment and recovery may be released. Persons authorized to protect the privacy of subjects of research may not be compelled in any federal, state or local, civil, criminal, administrative or other proceeding to identify or disclose other confidential information about the individuals. Identifying information and other confidential information related to alcohol or drug abuse information, assessment, treatment, or aftercare services may be ordered to be released by the court for the purpose of civil or criminal investigations or proceedings if, after review of the records considered for disclosure, the court determines that the information is relevant to the purpose for which disclosure is requested. The court shall order disclosure of only that information which is determined relevant. In determining whether to compel disclosure, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the treatment relationship in the program affected and in other programs similarly situated, and the actual or potential harm to the ability of programs to attract and retain patients if disclosure occurs. This section does not exempt any person from the reporting obligations under section 626.556, nor limit the use of information reported in any proceeding arising out of the abuse or neglect of a child. Identifying information and other confidential information related to alcohol or drug abuse information, assessment, treatment, or aftercare services may be ordered to be released by the court for the purpose of civil or criminal investigations or proceedings. No information may be released pursuant to this section that would not be released pursuant to section 595.02, subdivision 2.

History: 1973 c 572 s 16; 1981 c 240 s 1; 1984 c 654 art 5 s 58; 1985 c 298 s 43; 1986 c 444

254A.10 RULES.

The commissioner of human services, pursuant to the administrative procedure act, shall promulgate rules to implement Laws 1973, chapter 572.

History: 1973 c 572 s 17; 1984 c 654 art 5 s 58

254A.12 AFFECTED EMPLOYEES.

County boards may enter into one or more purchase of service agreements to provide services to employers to develop personnel practices for prevention of alcoholism and other chemical dependency, and to assist affected employees in gaining access to care through identification and referral services.

History: 1976 c 125 s 4; 1979 c 324 s 46

254A.14 SERVICES TO YOUTH AND OTHER UNDERSERVED POPULATIONS.

Subdivision 1. **Identification.** County boards may enter into one or more purchase of service agreements to provide services related to the prevention of chemical dependency to persons and groups which have responsibility for, and access to, youth and other underserved populations. The boards may also enter into purchase of service agreements to assist youth and other underserved populations in gaining access to care.

Subd. 2. **Treatment facilities.** If, as a result of programs authorized under subdivision 1, significant numbers of persons are identified for whom treatment and aftercare programs are not available, county boards may request funds from the commissioner to develop treatment and aftercare capabilities.

Subd. 3. **Grants for treatment of high-risk youth.** The commissioner of human services shall award grants on a pilot project basis to develop culturally specific chemical

dependency treatment programs for minority and other high-risk youth, including those enrolled in area learning centers, those presently in residential chemical dependency treatment, and youth currently under commitment to the commissioner of corrections or detained under chapter 260. Proposals submitted under this section shall include an outline of the treatment program components, a description of the target population to be served, and a protocol for evaluating the program outcomes.

History: 1976 c 125 s 5; 1979 c 324 s 47; 1992 c 571 art 10 s 13

254A.145 INHALANT ABUSE DEMONSTRATION PROJECT.

Within the limits of the available appropriation and notwithstanding the requirements of chapter 254B, the commissioner of human services shall create a demonstration project to provide intervention and to coordinate community services for inhalant abusers aged seven to 14. The project shall be established in a community that has been shown to be at great risk of such inhalant abuse and shall include assessment, education, and case management components. For individuals identified as inhalant abusers, case managers shall make referrals to services otherwise offered in the community. The case manager shall also monitor the progress of the individuals referred.

As part of this project, the commissioner of human services shall work with other agencies that provide services to youth and children, including education agencies and other drug treatment and counseling agencies, to increase public awareness concerning inhalant abuse among youth and children.

History: 1989 c 282 art 2 s 102

254A.15 AFFIRMATIVE OUTREACH.

The commissioner shall design and implement a plan of affirmative outreach to encourage utilization of the services authorized in sections 254A.031, 254A.12, and 254A.14. The plan may include purchase of services by the commissioner to carry out the plan.

History: 1976 c 125 s 6

254A.16 RESPONSIBILITIES OF THE COMMISSIONER.

Subdivision 1. The commissioner may evaluate or contract for the evaluation of all comprehensive programs providing services for preventing and treating alcohol and drug abuse or dependency. The evaluation shall be directed at determining whether existent and proposed activities are the most appropriate programmatic response to existing needs and whether they are cost-effective.

Subd. 2. (a) The commissioner shall provide program and service guidelines and technical assistance to the county boards in carrying out services authorized under sections 254A.08, 254A.12, 254A.14, and their responsibilities under chapter 256E.

(b) The commissioner shall recommend to the governor and to the legislature means of improving the efficiency and effectiveness of comprehensive program services in the state and maximizing the use of nongovernmental funds for providing comprehensive programs.

Subd. 3. [Repealed, 1994 c 529 s 19]

Subd. 4. [Repealed, 1994 c 529 s 19]

Subd. 5. **Professional standards.** The commissioner may by rule adopt any or all of the standards for chemical dependency professionals established by the Institute for Chemical Dependency Professionals of Minnesota, Inc., when professional standards are necessary in the regulation of chemical dependency programs, treatment facilities, or services or whenever the commissioner may require individuals involved in providing chemical dependency treatment to be qualified and have demonstrated competence in assessment and treatment skills. The commissioner may also by rule provide that persons certified by the Institute for Chemical Dependency Professionals of Minnesota, Inc., are deemed competent to perform the functions of chemical dependency professionals.

History: 1976 c 125 s 7; 1979 c 324 s 48; 1982 c 607 s 14; 1984 c 545 s 5,6; 1987 c 85 s 1

254A.17 PREVENTION AND TREATMENT INITIATIVES.

Subdivision 1. **Maternal and child service programs.** (a) The commissioner shall fund maternal and child health and social service programs designed to improve the health and functioning of children born to mothers using alcohol and controlled substances. Comprehensive programs shall include immediate and ongoing intervention, treatment, and coordination of medical, educational, and social services through a child's preschool years. Programs shall also include research and evaluation to identify methods most effective in improving outcomes among this high-risk population.

(b) The commissioner of human services shall develop models for the treatment of children ages 6 to 12 who are in need of chemical dependency treatment. The commissioner shall fund at least two pilot projects with qualified providers to provide non-residential treatment for children in this age group. Model programs must include a component to monitor and evaluate treatment outcomes.

Subd. 1a. **Programs for pregnant women and women with children.** Within the limits of funds available, the commissioner of human services shall fund programs providing specialized chemical dependency treatment for pregnant women and women with children. The programs shall provide prenatal care, child care, housing assistance, and other services needed to ensure successful treatment.

Subd. 2. **Child protection programs.** The commissioner shall fund innovative child protection programs for children and families at risk due to substance abuse. Funding of a program under this subdivision must result in (1) earlier intervention; (2) the provision of in-home supervision; and (3) case management of all services required. Programs must also include research and evaluation to identify methods most effective in child protection services for this high-risk population.

Subd. 3. **Statewide detoxification transportation program.** The commissioner shall provide grants to counties, Indian reservations, other nonprofit agencies, or local detoxification programs for provision of transportation of intoxicated individuals to detoxification programs, to open shelters, and to secure shelters as defined in section 254A.085 and shelters serving intoxicated persons. In state fiscal years 1994 and 1995, funds shall be allocated to counties in proportion to each county's allocation in fiscal year 1993. In subsequent fiscal years, funds shall be allocated among counties annually in proportion to each county's average number of detoxification admissions for the prior two years, except that no county shall receive less than \$400. Unless a county has approved a grant of funds under this section, the commissioner shall make quarterly payments of detoxification funds to a county only after receiving an invoice describing the number of persons transported and the cost of transportation services for the previous quarter. The program administrator and all staff of the program must report to the office of the ombudsman for mental health and mental retardation within 24 hours of its occurrence, any serious injury, as defined in section 245.91, subdivision 6, or the death of a person admitted to the shelter. The ombudsman shall acknowledge in writing the receipt of all reports made to the ombudsman's office under this section. Acknowledgment must be mailed to the facility and to the county social service agency within five working days of the day the report was made. In addition, the program administrator and staff of the program must comply with all of the requirements of section 626.557, the vulnerable adults act.

History: 1990 c 568 art 2 s 57; 1991 c 292 art 8 s 7; 1992 c 571 art 10 s 14, 15; 1Sp1993 c 1 art 3 s 20

254A.18 STATE CHEMICAL HEALTH INDEX MODEL.

The commissioner of human services, in consultation with the chemical abuse prevention resource council, shall develop and test a chemical health index model to help assess the state's chemical health and coordinate state policy and programs relating to chemical abuse prevention and treatment. The chemical health index model shall assess a variety of factors known to affect the use and abuse of chemicals in different parts of the state including, but not limited to, demographic factors, risk factors, health care utilization, drug-related crime, productivity, resource availability, and overall health.

History: 1993 c 326 art 12 s 2