



## S.F. No. 2134 – Modifying mental health terminology

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**S.F. No. 2134** removes “emotional disturbance” and replaces it with “mental illness” within various health and human services chapters and makes conforming changes. The bill also removes “out-of-home placement” from the children’s mental health act and replaces it with “residential treatment and therapeutic foster care.” Sections with additional changes are noted below.

**Section 25 (amends Minn. Stat. § 245.4871, subdivision 31; Professional home-based family treatment)** replaces “emotional disturbance” with “mental illness” and “out-of-home placement” with “residential treatment or therapeutic foster care.” Requires that intensive mental health services provided to a child and the child’s family must be coordinated with other services provided.

**Section 29 (amends Minn. Stat. § 245.4874, subdivision 1; Duties of county board)** replaces “out-of-home placement” with “residential treatment or therapeutic foster care.” Requires a county board to screen a child only upon admission to a residential treatment facility and removes this requirement for admission to acute care hospital inpatient treatment and informal admission to a regional treatment center.

**Section 56 (amends Minn. Stat. § 245I.05, subdivision 3; Initial training)** requires that training on psychotropic medications and medication side effects must include tardive dyskinesia for mental health rehabilitation workers, mental health behavioral aides, or mental health practitioners.

**Section 57 (amends Minn. Stat. § 245I.05, subdivision 5; Additional training for medication administration)** requires that training on psychotropic medications and side effects must include tardive dyskinesia for a staff person working for a mental health provider who is not a licensed prescriber, registered nurse, or licensed practical nurse.

**Section 58 (amends Minn. Stat. § 245I.11, subdivision 5; Medication administration in residential programs)** requires a license holder to monitor the effectiveness of medications, side effects, and adverse reactions, including symptoms and signs of tardive dyskinesia, for each client.



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