

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.

