

# House Research Act Summary

**CHAPTER:** 165

**SESSION:** 2005 Regular Session

**TOPIC:** Mental health services

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**Analyst:** Lynn Aves, 651-296-8079

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## Article 1

### Overview

This article allows individuals to continue providing dual diagnosis services, allows extended stays in state contracted acute care hospitals, and allows flexibility in providing mobile mental health services.

- 1 **Other professionals.** Amends § 148C.11, subd. 1. Extends the sunset date from July 1, 2005, to July 1, 2007, allowing individuals to continue providing integrated dual diagnosis treatment services. Allows the integrated treatment of dually diagnosed persons in those programs to continue pending development of state standards for integrated treatment providers.
- 2 **Continuing care program for persons with mental illness.** Amends § 256.9693. Allows the commissioner to authorize stays beyond 45 days for persons admitted to treatment in state contracted acute care hospitals.
- 3 **Alternative provider standards for adult mental health crisis response services.** Amends § 256B.0624 by adding a subdivision. Grants rural counties greater flexibility in providing mobile mental health crisis intervention services. Requires the alternative plan to comply with standards for emergency mental health services in section 245.469.
- 4 **Repealer.** Repeals two legislative reports regarding mental health services.

## Article 2

### Overview

This article makes changes in juvenile court procedures regarding a child's foster care placement when placement is made solely to access treatment for severe emotional disturbances. This article provides consistency with Title IV-E requirements.

**1** **Review of foster care status.** Amends § 260C.141, subd. 2. Makes the following changes when a child is placed voluntarily in foster care to access treatment services:

- The filing of a CHIPS petition is delayed until the 13<sup>th</sup> month if placed as allowed by federal regulations. The county must make a report to the court on the child's status in placement.
- The contents of the report to the court must include the child's individual mental health treatment plan or the child's individual interagency intervention plan. If the child is placed due to developmental disability, the report to the court shall include the child's individual service plan, the child's individual program plan, the child's waiver plan, or the child's individual interagency intervention plan. This will allow the court to consider the child's treatment needs in determining whether to continue placement in foster care.
- When the court finds it in the best interest of the child, the court will continue voluntary placement. The court shall not adjudicate the child, shall not order placement in foster care, or transfer legal custody to the county. The county does continue to have legal responsibility for the child, but legal custody is not required.

If a child has been ordered into foster care for treatment purposes and for child protection purposes, and the child protection matters have been corrected but treatment is still needed, the court may vacate the finding of protection and award of custody and convert the court order into a voluntary placement agreement.

**2** **Consideration of reports.** Amends § 260C.193, subd. 2. Directs that the court is to consider the report of the child's health or mental health care provider before making a disposition in a case.

**3** **Dispositions.** Amends § 260C.201, subd. 1. Clarifies that mental disability includes an emotional disturbance as defined in the Comprehensive Children's Mental Health Act.

**4** **Written findings.** Amends § 260C.201, subd. 2. Provides that for a child in foster care because the child needs treatment services, the court's findings shall include:

- Whether the child has mental health needs that must be considered in the case plan;
- What consideration was given to treatment recommendations from health and mental health professionals;
- What consideration was given to the parents' requests and preferences; and

- What consideration was given to the cultural appropriateness of the child's treatment.

- 5        **Dispositions; voluntary foster care placements.** Amends § 260C.205. Adds that notification to the parents regarding legal requirements and consequences of the child remaining in placement more than 12 months may be accomplished by registered U.S. mail.
- 6        **Out-of-home placement; plan.** Amends § 260C.212, subd. 1. Adds that preparation of a child's out-of-home placement plan shall include the child's mental health treatment provider. Also adds that the out-of-home placement plan shall include information regarding diagnostic assessment, the child's treatment needs, and expected treatment outcomes.
- 7        **Effective date.** These provisions are effective the day following final enactment.

### Article 3

## Overview

This article provides that advance practice registered nurses can serve as examiners and health officers under the commitment act. It clarifies the role of a health officer's authority and establishes a Supreme Court task force.

- 1        **Examiner.** Amends § 253B.02, subd. 7. Adds that advance practice registered nurses can serve in the role of examiner under the commitment act, except when evaluations are ordered by the court. Provides that only a physician or psychologist may be appointed by the court to complete court ordered evaluations under the Civil Commitment Act and under Rule 20 of the Minnesota Rules of Criminal Procedure.
- 2        **Health officer.** Amends § 253B.02, subd. 9. Adds that advance practice registered nurses can serve in the role of health officer under the commitment act.
- 3        **Health officer.** Amends § 253B.02, subd. 9. Adds that advance practice registered nurses can serve in the role of health officer under the commitment act.
- 4        **Supreme court task force; study required.** Requests the Minnesota Supreme Court to establish a task force to study the use of the court system as an alternative to the Special Review Board in determining custody and release status of persons committed as a sexually dangerous person or a sexual psychopathic personality. Lists members of the task force and provides recommendations for consideration. Requests the task force to issue a report by February 1, 2006.