

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

**S.F. No. 4296**

(SENATE AUTHORS: HOFFMAN)

DATE	D-PG	OFFICIAL STATUS
02/26/2024	11820	Introduction and first reading Referred to Human Services See SF5335, HF5247

1.1 A bill for an act

1.2 relating to health; modifying required training for staff of licensed assisted living

1.3 facilities; amending Minnesota Statutes 2022, section 144G.63, subdivision 4;

1.4 proposing coding for new law in Minnesota Statutes, chapter 144G.

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

1.6 Section 1. Minnesota Statutes 2022, section 144G.63, subdivision 4, is amended to read:

1.7 Subd. 4. **Training required relating to dementia, mental illness, and de-escalation.** All

1.8 direct care staff and supervisors providing direct services must demonstrate an understanding

1.9 of the training specified in ~~section~~ sections 144G.64 and 144G.65.

1.10 **EFFECTIVE DATE.** This section is effective January 1, 2025.

1.11 Sec. 2. **[144G.65] TRAINING IN MENTAL ILLNESS AND DE-ESCALATION.**

1.12 Subdivision 1. **Training for supervisors.** (a) Within 120 working hours of the

1.13 employment start date, all supervisors of direct care staff must complete at least eight hours

1.14 of initial training on the topics specified in subdivision 6.

1.15 (b) New supervisors may satisfy the training required under this subdivision by producing

1.16 written proof of previously completed required training within the past 18 months.

1.17 Subd. 2. **Training for direct care staff.** (a) Within 120 working hours of the employment

1.18 start date, all direct care staff must complete at least eight hours of initial training on the

1.19 topics specified in subdivision 6. Until the initial training is complete, a direct care staff

1.20 member must not provide direct care unless someone is available who can act as a resource,

1.21 assist if issues arise, and is either another direct care staff member who has completed the

1.22 eight hours of required training and is on-site or a supervisor.

2.1 (b) New direct care employees may satisfy the training required under this subdivision  
2.2 by producing written proof of previously completed required training within the past 18  
2.3 months.

2.4 Subd. 3. **Training for staff who do not provide direct care.** (a) Within 160 working  
2.5 hours of the employment start date, all assisted living facility employees who do not provide  
2.6 direct care, including maintenance, housekeeping, and food service staff, must complete at  
2.7 least four hours of initial training on all the topics specified in subdivision 6.

2.8 (b) New staff members may satisfy the training required under this subdivision by  
2.9 producing written proof of previously completed required training within the past 18 months.

2.10 Subd. 4. **Annual training for all staff.** All assisted living staff required to complete  
2.11 initial training under subdivisions 1 to 3 must complete at least two hours of additional  
2.12 training for each year of employment following completion of the initial training. Annual  
2.13 training must cover some, but not necessarily all, of the topics listed under subdivision 6.

2.14 Subd. 5. **New staff members.** A supervisor who has completed the training required  
2.15 under subdivision 1 or a person who conducts the initial training must be available for  
2.16 consultation with a new staff member on issues related to mental illness and de-escalation  
2.17 during the first 160 hours of the new staff member's employment start date.

2.18 Subd. 6. **Content of training.** The initial training on mental illness and de-escalation  
2.19 required under this section must include:

2.20 (1) an explanation of the principles of trauma-informed care;

2.21 (2) instruction on incorporating knowledge about trauma into care plans, policies,  
2.22 procedures, and practices to avoid retraumatization;

2.23 (3) de-escalation techniques and communication;

2.24 (4) crisis resolution, including a procedure for contacting county crisis response teams;

2.25 (5) suicide prevention, including use of the 988 suicide and crisis lifeline;

2.26 (6) recognizing symptoms of common mental illness diagnoses, including but not limited  
2.27 to mood disorders, anxiety disorders, trauma and stressor-related disorders, personality and  
2.28 psychotic disorders, substance use disorder, and substance misuse;

2.29 (7) creating and executing person-centered care plans for residents with mental illness;

2.30 (8) information on medications and their side effects, the risks of overmedication or  
2.31 improper use of medications, and nonpharmacological interventions; and

3.1 (9) support strategies, resources, and referral sources for residents experiencing diagnoses  
3.2 co-occurring with mental illness, including dementia.

3.3 Subd. 7. **Information to prospective residents.** The facility must provide to prospective  
3.4 residents in written or electronic form a description of its training program on mental illness  
3.5 and de-escalation, the categories of staff trained, the frequency and amount of training, and  
3.6 the basic topics covered.

3.7 **EFFECTIVE DATE.** This section is effective January 1, 2025.