

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 3231

(SENATE AUTHORS: SHERAN, Rosen and Eaton)

DATE	D-PG	OFFICIAL STATUS
03/24/2016	5261	Introduction and first reading Referred to Judiciary

A bill for an act

1.1 relating to civil commitment; modifying examiner report for petition for civil
 1.2 commitment; designating head of treatment facility to write aftercare plan for
 1.3 certain provisionally discharged patients; amending Minnesota Statutes 2014,
 1.4 sections 253B.07, subdivision 2; 253B.15, subdivision 1.
 1.5

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

1.7 Section 1. Minnesota Statutes 2014, section 253B.07, subdivision 2, is amended to read:

1.8 Subd. 2. **The petition.** (a) Any interested person, except a member of the prepetition
 1.9 screening team, may file a petition for commitment in the district court of the county of
 1.10 financial responsibility or the county where the proposed patient is present. If the head of
 1.11 the treatment facility believes that commitment is required and no petition has been filed,
 1.12 the head of the treatment facility shall petition for the commitment of the person.

1.13 (b) The petition shall set forth the name and address of the proposed patient, the
 1.14 name and address of the patient's nearest relatives, and the reasons for the petition. The
 1.15 petition must contain factual descriptions of the proposed patient's recent behavior,
 1.16 including a description of the behavior, where it occurred, and the time period over which
 1.17 it occurred. Each factual allegation must be supported by observations of witnesses
 1.18 named in the petition. Petitions shall be stated in behavioral terms and shall not contain
 1.19 judgmental or conclusory statements.

1.20 (c) The petition shall be accompanied by a written statement by an examiner stating
 1.21 that the examiner has examined the proposed patient within the 15 days preceding the
 1.22 filing of the petition and is of the opinion that the proposed patient is suffering a designated
 1.23 disability and should be committed to a treatment facility. The ~~statement~~ examiner's report
 1.24 shall include the reasons for the opinion.

1.25 (d) In the case of a commitment based on mental illness, the report shall also include:

2.1 (1) an assessment of the level of care necessary to provide appropriate treatment to
2.2 the proposed patient, utilizing a standardized, evidenced-based assessment tool;

2.3 (2) an assessment of the proposed patient's likelihood for aggressive behavior, harm
2.4 to self or others, and elopement; and

2.5 (3) the examiner's recommendations regarding the least restrictive treatment that
2.6 will meet the proposed patient's needs, which must reflect findings of the assessments
2.7 under clauses (1) and (2).

2.8 (e) In the case of a commitment based on mental illness, the petition and the
2.9 examiner's statement shall include, to the extent this information is available, a statement
2.10 and opinion regarding the proposed patient's need for treatment with neuroleptic
2.11 medication and the patient's capacity to make decisions regarding the administration of
2.12 neuroleptic medications, and the reasons for the opinion. If use of neuroleptic medications
2.13 is recommended by the treating physician, the petition for commitment must, if applicable,
2.14 include or be accompanied by a request for proceedings under section 253B.092. Failure
2.15 to include the required information regarding neuroleptic medications in the examiner's
2.16 statement, or to include a request for an order regarding neuroleptic medications with the
2.17 commitment petition, is not a basis for dismissing the commitment petition. If a petitioner
2.18 has been unable to secure a statement from an examiner, the petition shall include
2.19 documentation that a reasonable effort has been made to secure the supporting statement.

2.20 Sec. 2. Minnesota Statutes 2014, section 253B.15, subdivision 1, is amended to read:

2.21 Subdivision 1. **Provisional discharge.** The head of the treatment facility may
2.22 provisionally discharge any patient without discharging the commitment, unless the patient
2.23 was found by the committing court to be a person who is mentally ill and dangerous to the
2.24 public, or a sexually dangerous person or a sexual psychopathic personality.

2.25 Each patient ~~released~~ placed on provisional discharge shall have a written aftercare
2.26 plan developed which specifies the services and treatment to be provided as part of the
2.27 aftercare plan, the financial resources available to pay for the services specified, the
2.28 expected period of provisional discharge, the precise goals for the granting of a final
2.29 discharge, and conditions or restrictions on the patient during the period of the provisional
2.30 discharge. The aftercare plan shall be provided to the patient, the patient's attorney, and
2.31 the designated agency.

2.32 The aftercare plan shall be reviewed on a quarterly basis by the patient, designated
2.33 agency and other appropriate persons. The aftercare plan shall contain the grounds upon
2.34 which a provisional discharge may be revoked. The provisional discharge shall terminate
2.35 on the date specified in the plan unless specific action is taken to revoke or extend it.

3.1 For patients who, at the time of provisional discharge, do not require placement in
3.2 a state-operated program or facility, the head of the treatment facility may develop the
3.3 written aftercare plan, notify the court that the patient has been placed on a provisional
3.4 discharge, and coordinate and monitor the patient's aftercare program as required under
3.5 subdivision 1a.