

**SENATE**  
**STATE OF MINNESOTA**  
**NINETIETH SESSION**

**S.F. No. 691**

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act  
1.2 relating to human services; providing for involuntary treatment of certain mentally  
1.3 ill persons who do not currently pose a risk of harm; amending Minnesota Statutes  
1.4 2016, sections 253B.02, by adding a subdivision; 253B.065, subdivision 5.

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

1.6 Section 1. Minnesota Statutes 2016, section 253B.02, is amended by adding a subdivision  
1.7 to read:

1.8 Subd. 12b. **Person who has a substantial need for mental health treatment.** A "person  
1.9 who has a substantial need for mental health treatment" means a person who does not  
1.10 currently pose a substantial likelihood of physical harm to self or others but otherwise meets  
1.11 the definitions of a person who is mentally ill and who:

1.12 (1) if not treated, has a substantial likelihood of causing physical harm to self or others  
1.13 or will suffer severe and abnormal mental harm that significantly impairs behavior or capacity  
1.14 to recognize reality;

1.15 (2) has a substantially impaired capacity to make an informed decision regarding treatment  
1.16 that causes the person to be incapable of understanding and expressing an understanding  
1.17 of treatment options; and

1.18 (3) has a reasonable prospect of not posing a risk of harm to self or others if treatment  
1.19 is provided.

1.20 Sec. 2. Minnesota Statutes 2016, section 253B.065, subdivision 5, is amended to read:

1.21 Subd. 5. **Early intervention criteria.** (a) A court shall order early intervention treatment  
1.22 of a proposed patient who meets the criteria under paragraph (b) or (c). The early intervention

treatment must be less intrusive than long-term inpatient commitment and must be the least restrictive treatment program available that can meet the patient's treatment needs.

(b) The court shall order early intervention treatment if the court finds all of the elements of the following factors by clear and convincing evidence:

(1) the proposed patient is mentally ill or is a person who has a substantial need for mental health treatment;

(2) the proposed patient refuses to accept appropriate mental health treatment; and

(3) the proposed patient's mental illness is manifested by instances of grossly disturbed behavior or faulty perceptions and ~~either~~:

(i) the grossly disturbed behavior or faulty perceptions significantly interfere with the proposed patient's ability to care for self or obtain substantially needed mental health treatment and the proposed patient, when competent, would have chosen substantially similar treatment under the same circumstances; or

(ii) due to the mental illness, the proposed patient received court-ordered inpatient treatment under section 253B.09 at least two times in the previous three years; the patient is exhibiting symptoms or behavior substantially similar to those that precipitated one or more of the court-ordered treatments; and the patient is reasonably expected to physically or mentally deteriorate to the point of meeting the criteria for commitment under section 253B.09 unless treated.

For purposes of this paragraph, a proposed patient who was released under section 253B.095 and whose release was not revoked is not considered to have received court-ordered inpatient treatment under section 253B.09.

(c) The court may order early intervention treatment if the court finds by clear and convincing evidence that a pregnant woman is a chemically dependent person. A chemically dependent person for purposes of this section is a woman who has during pregnancy engaged in excessive use, for a nonmedical purpose, of controlled substances or their derivatives, alcohol, or inhalants that will pose a substantial risk of damage to the brain or physical development of the fetus.

(d) For purposes of paragraphs (b) and (c), none of the following constitute a refusal to accept appropriate mental health treatment:

(1) a willingness to take medication but a reasonable disagreement about type or dosage;

(2) a good faith effort to follow a reasonable alternative treatment plan, including treatment as specified in a valid advance directive under chapter 145C or section 253B.03, subdivision 6d;

(3) an inability to obtain access to appropriate treatment because of inadequate health care coverage or an insurer's refusal or delay in providing coverage for the treatment; or

(4) an inability to obtain access to needed mental health services because the provider will only accept patients who are under a court order or because the provider gives persons under a court order a priority over voluntary patients in obtaining treatment and services.

Sec. 3. **STUDY AND CONFORMING LEGISLATION.**

The commissioner of human services shall review existing statutes relating to civil commitment of persons who are mentally ill and other mental health statutes and propose legislation for the 2018 legislative session that clarifies, conforms, implements, and resolves any conflicts with the inclusion of a substantial need for treatment as a criteria for civil commitment of persons under Minnesota Statutes, chapter 253B.