provided that the charter provisions are not in conflict with general laws relating to public indebtedness. The county shall continue to have all the powers granted by law.

Personnel matters relating to Ramsey county employees shall continue to be governed by Minnesota Statutes, sections 383A.281 to 383A.301 and Minnesota Statutes, sections 197.455 to 197.48. A charter proposed for adoption under sections 383A.551 to 383A.556 shall not apply to personnel matters.

Approved April 24, 1988

CHAPTER 623—S.F.No. 2055

An act relating to human services; defining terms; requiring that court receive annual reviews of people with indeterminate commitments; providing for court-ordered community-based treatment; defining procedures for community-based commitment; requiring procedures for release before commitment and provisional discharge; appropriating money; amending Minnesota Statutes 1986, sections 253B.02, subdivisions 13, 19, and by adding subdivisions; 253B.03, subdivision 5; 253B.09, subdivision 1; 253B.15, subdivisions 1, 3, 5, 6, 7, and by adding a subdivision; and 253B.16, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 253B; repealing Minnesota Statutes 1986, section 253B.09, subdivision 4.

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

Section 1. Minnesota Statutes 1986, section 253B.02, is amended by adding a subdivision to read:

Subd. 1a. **CASE MANAGER.** "Case manager" has the definition given in section 245.462, subdivision 4, for persons with mental illness.

Sec. 2. Minnesota Statutes 1986, section 253B.02, is amended by adding a subdivision to read:

Subd. 4b. **COMMUNITY-BASED TREATMENT.** "Community-based treatment" means community support services programs defined in section 245.462, subdivision 6; day treatment services defined in section 245.462, subdivision 8; outpatient services defined in section 245.462, subdivision 21; and residential treatment services as defined in section 245.462, subdivision 23.

Sec. 3. Minnesota Statutes 1986, section 253B.02, subdivision 13, is amended to read:

Subd. 13. **MENTALLY ILL PERSON.** "Mentally ill person" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which

(a) is manifested by instances of grossly disturbed behavior or faulty perceptions; and

(b) poses a substantial likelihood of physical harm to self or others as demonstrated by:

(i) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment, or

(ii) a recent attempt or threat to physically harm self or others; ~~or~~

~~(ii) a failure to obtain necessary food, clothing, shelter or medical care, as a result of the impairment.~~ This impairment excludes (a) epilepsy, (b) mental retardation, (c) brief periods of intoxication caused by alcohol or drugs, or (d) dependence upon or addiction to any alcohol or drugs.

Sec. 4. Minnesota Statutes 1986, section 253B.02, subdivision 19, is amended to read:

Subd. 19. **TREATMENT FACILITY.** "Treatment facility" means a hospital, community mental health center, or other ~~institution~~ treatment provider qualified to provide care and treatment for mentally ill, mentally retarded, or chemically dependent persons.

Sec. 5. Minnesota Statutes 1986, section 253B.03, subdivision 5, is amended to read:

Subd. 5. **PERIODIC ASSESSMENT.** A patient has the right to periodic medical assessment. The head of a treatment facility shall have the physical and mental condition of every patient assessed as frequently as necessary, but not less often than annually. If a person is committed as mentally retarded for an indeterminate period of time, the three-year judicial review must include the annual reviews for each year as outlined in Minnesota Rules, part 9525.0075, subpart 6.

Sec. 6. Minnesota Statutes 1986, section 253B.09, subdivision 1, is amended to read:

Subdivision 1. **STANDARD OF PROOF.** If the court finds by clear and convincing evidence that the proposed patient is a mentally ill, mentally retarded, or chemically dependent person and, that after careful consideration of reasonable alternative dispositions, including but not limited to, dismissal of petition, voluntary outpatient care, informal admission to a treatment facility, appointment of a guardian or conservator, or release before commitment as provided for in subdivision 4, it finds that there is no suitable alternative to judicial commitment, the court shall commit the patient to the least restrictive treatment ~~facility~~ program which can meet the patient's treatment needs consistent with section 253B.03, subdivision 7. In deciding on the least restrictive program, the court shall consider a range of treatment alternatives including, but not limited to, community-based nonresidential treatment, community residen-

tial treatment, partial hospitalization, acute care hospital, and regional treatment center services. The court shall also consider the proposed patient's treatment preferences and willingness to participate in the treatment ordered. The court may not commit a patient to a facility or program that is not capable of meeting the patient's needs.

Sec. 7. **[253B.093] COMMUNITY-BASED TREATMENT.**

Subdivision 1. **FINDINGS.** In addition to the findings required under section 253B.09, subdivision 2, an order committing a person to community-based treatment must include:

(1) a written plan for services to the patient;

(2) a finding that the proposed treatment is available and accessible to the patient and that public or private financial resources are available to pay for the proposed treatment;

(3) conditions the patient must meet in order to obtain an early release from commitment or to avoid a hearing for further commitment; and

(4) consequences of the patient's failure to follow the commitment order. Consequences may include commitment to another setting for treatment.

Subd. 2. **CASE MANAGER.** When a court commits a patient with mental illness to community-based treatment, the court shall appoint a case manager from the county agency or other entity under contract with the county agency to provide case management services.

Subd. 3. **REPORTS.** The case manager shall report to the court at least once every 90 days. The case manager shall immediately report a substantial failure of the patient or provider to comply with the conditions of the commitment.

Subd. 4. **MODIFICATION OF ORDER.** An order for community-based treatment may be modified upon agreement of the parties and approval of the court.

Subd. 5. **NONCOMPLIANCE.** The case manager may petition for a reopening of the commitment hearing if a patient or provider fails to comply with the terms of an order for community-based treatment.

Subd. 6. **IMMUNITY FROM LIABILITY.** No facility or person is financially liable, personally or otherwise, for actions of the patient if the facility or person follows accepted community standards of professional practice in the management, supervision, and treatment of the patient. For purposes of this subdivision, "person" means official, staff, employee of the facility, physician, or other individual who is responsible for the management, supervision, or treatment of a patient's community-based treatment under this section.

Sec. 8. **[253B.095] RELEASE BEFORE COMMITMENT.**

Subdivision 1. **COURT RELEASE.** After the hearing and before a commitment order has been issued, the court may release a proposed patient to the custody of an individual or agency upon conditions that guarantee the care and treatment of the patient. A person against whom a criminal proceeding is pending may not be released. Continuances may not extend beyond 14 days. When the court stays an order for commitment for more than 14 days beyond the date of the initially scheduled hearing, the court shall issue an order that meets the requirements of this section.

Subd. 2. **STAY BEYOND 14 DAYS.** An order staying commitment for more than 14 days must include:

(1) a written plan for services to which the proposed patient has agreed;

(2) a finding that the proposed treatment is available and accessible to the patient and that public or private financial resources are available to pay for the proposed treatment; and

(3) conditions the patient must meet to avoid imposition of the stayed commitment order.

A person receiving treatment under this section has all rights under this chapter.

Subd. 3. **CASE MANAGER.** When a court releases a patient with mental illness under this section, the court shall appoint a case manager.

Subd. 4. **REPORTS.** The case manager shall report to the court at least once every 90 days. The case manager shall immediately report a substantial failure of a patient or provider to comply with the conditions of the release.

Subd. 5. **DURATION.** The maximum duration of an order under this section is six months. The court may continue the order for a maximum of an additional 12 months if, after notice and hearing, under sections 253B.08 and 253B.09 the court finds that (1) the person continues to be mentally ill, and (2) an order is needed to protect the patient or others.

Subd. 6. **MODIFICATION OF ORDER.** An order under this section may be modified upon agreement of the parties and approval of the court.

Subd. 7. **REVOCATION OF ORDER.** The court, on its own motion or upon the petition of any person, and after notice and a hearing, may revoke any release and commit the proposed patient under this chapter.

Sec. 9. Minnesota Statutes 1986, section 253B.15, subdivision 1, is amended to read:

Subdivision 1. **PROVISIONAL DISCHARGE.** The head of the treatment

facility may provisionally discharge any patient without discharging the commitment, unless the patient was found by the committing court to be mentally ill and dangerous to the public.

Each patient released on provisional discharge shall have an aftercare plan developed which specifies the services and treatment to be provided as part of the aftercare plan, the financial resources available to pay for the services specified, the expected period of provisional discharge, the precise goals for the granting of a final discharge, and conditions or restrictions on the patient during the period of the provisional discharge.

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

Sec. 10. Minnesota Statutes 1986, section 253B.15, is amended by adding a subdivision to read:

Subd. 1a. **CASE MANAGER.** Before a provisional discharge is granted, a representative of the designated agency must be identified as the case manager. The case manager shall ensure continuity of care by being involved with the treatment facility and the patient prior to the provisional discharge. The case manager shall coordinate plans for and monitor the patient's aftercare program.

Sec. 11. Minnesota Statutes 1986, section 253B.15, subdivision 3, is amended to read:

Subd. 3. **PROCEDURE; NOTICE.** When the possibility of revocation becomes apparent, the designated agency shall notify the patient, the patient's attorney, and all participants in the plan, and every effort shall be made to prevent revocation.

Revocation shall be commenced by a notice of intent to revoke provisional discharge, which shall be served upon the patient, the patient's attorney, and the designated agency. The notice shall set forth the grounds upon which the intention to revoke is based, and shall inform the patient of the rights of a patient under this chapter.

Sec. 12. Minnesota Statutes 1986, section 253B.15, subdivision 5, is amended to read:

Subd. 5. **RETURN TO FACILITY.** The ~~head of the treatment facility~~ case manager may apply to the committing court for an order directing that the patient be returned to the facility. The court may order the patient returned to the facility prior to a review hearing only upon finding that immediate return to the facility is necessary to avoid serious, imminent harm to the patient or others. If a voluntary return is not arranged, the head of the treatment facility may

request a health officer, a welfare officer, or a peace officer to return the patient to the treatment facility from which the patient was released or to any other treatment facility which consents to receive the patient. If necessary, the head of the treatment facility may request the committing court to direct a health or peace officer in the county where the patient is located to return the patient to the treatment facility or to another treatment facility which consents to receive the patient. The expense of returning the patient to a treatment facility shall be paid by the commissioner unless paid by the patient or the patient's relatives.

Sec. 13. Minnesota Statutes 1986, section 253B.15, subdivision 6, is amended to read:

Subd. 6. **EXCEPTION.** During the first 60 days of a provisional discharge, the ~~head of the treatment facility~~ case manager, upon finding that either of the conditions set forth in subdivision 2 exists, may revoke the provisional discharge without being subject to the provisions of subdivisions 2 to 5.

Sec. 14. Minnesota Statutes 1986, section 253B.15, subdivision 7, is amended to read:

Subd. 7. **MODIFICATION AND EXTENSION OF PROVISIONAL DISCHARGE.** (a) A provisional discharge may be modified upon agreement of the parties.

(b) A provisional discharge may be extended only in those circumstances where the patient has not achieved the goals set forth in the provisional discharge plan or continues to need the supervision or assistance provided by an extension of the provisional discharge. In determining whether the provisional discharge is to be extended, the head of the facility shall consider the willingness and ability of the patient to voluntarily obtain needed care and treatment.

~~(b)~~ (c) The designated agency shall recommend extension of a provisional discharge only after a preliminary conference with the patient and other appropriate persons. The patient shall be given the opportunity to object or make suggestions for alternatives to extension.

~~(c)~~ (d) Any recommendation for extension shall be made in writing to the head of the facility and to the patient at least 30 days prior to the expiration of the provisional discharge. The written recommendation submitted shall include: the specific grounds for recommending the extension, the date of the preliminary conference and results, the anniversary date of the provisional discharge, the termination date of the provisional discharge, and the proposed length of extension. If the grounds for recommending the extension occur less than 30 days before its expiration, the written recommendation shall occur as soon as practicable.

~~(d)~~ (e) The head of the facility shall issue a written decision regarding extension within five days after receiving the recommendation from the designated agency.

Sec. 15. Minnesota Statutes 1986, section 253B.16, subdivision 1, is amended to read:

Subdivision 1. **DATE.** The head of a treatment facility shall discharge any patient admitted as mentally ill~~, mentally retarded~~ or chemically dependent when certified by the head of the facility to be no longer in need of institutional care and treatment or at the conclusion of any period of time specified in the commitment order, whichever occurs first. The head of a treatment facility shall discharge any person admitted as mentally retarded when that person's screening team has determined, under section 256B.092, subdivision 8, that the person's needs can be met by services provided in the community and a plan has been developed in consultation with the interdisciplinary team to place the person in the available community services.

Sec. 16. **APPROPRIATION.**

$60,000 is appropriated from the general fund to the commissioner of human services for the purposes of this act.

Sec. 17. **REPEALER.**

Minnesota Statutes 1986, section 253B.09, subdivision 4, is repealed.

Sec. 18. **EFFECTIVE DATE.**

This act is effective January 1, 1989.

Approved April 24, 1988

CHAPTER 624—S.F.No. 2111

An act relating to public utilities; pipeline safety; authorizing the office of pipeline safety to inspect and regulate intrastate pipeline facilities carrying liquefied natural gas, liquefied petroleum gas, and hazardous liquids; adopting federal safety regulations; removing the depth limitation for the one call excavation notice system; providing for the calculation of pipeline inspection fees; appropriating money; amending Minnesota Statutes 1986, sections 299F.56, subdivisions 1, 2, 4, 6, and by adding subdivisions; and 299F.59; Minnesota Statutes 1987 Supplement, sections 116I.015, subdivision 3; 216D.01, subdivision 5; 299F.57, subdivision 1, and by adding a subdivision; 299F.58; 299F.62; 299F.63, subdivision 1; 299F.64; and 299J.12, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 299F; repealing Minnesota Statutes 1987 Supplement, section 299F.63, subdivision 4.

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

Section 1. Minnesota Statutes 1987 Supplement, section 116I.015, subdivision 3, is amended to read: