

HOSPITALIZATION AND COMMITMENT ACT 253A.04

residents in a living unit and with more than two living units. The advisory board established by section 252.29 shall recommend to the commissioner appropriate disbursement of the funds appropriated by Laws 1973, Chapter 273, Section 3. Prior to any disbursement of funds the commissioner shall review the plans and location of any proposed facility to determine whether such a facility is needed. The commissioner shall promulgate such rules and regulations for the making of grants and for the administration of sections 252.29 and 252.30 as he deems proper. The remaining portion of the cost of constructing, purchasing or remodeling facilities shall be borne by nonstate sources including federal grants, local government funds, funds from charitable sources, gifts and mortgages.

[1973 c 673 s 2]

CHAPTER 253A. HOSPITALIZATION AND COMMITMENT ACT

Sec.		Sec.	
253A.03	Informal hospitalization by consent; voluntary hospitalization for drug dependent persons.	253A.07	Judicial commitment.
		253A.08	Commitment to an agency of the United States.
253A.04	Emergency hospitalization of mentally ill persons.	253A.15	Discharge.
		253A.16	Review boards.
		253A.17	Rights of patients.

253A.03 Informal hospitalization by consent; voluntary hospitalization for drug dependent persons

Subdivision 1. Any person may, if he so requests and the head of the hospital consents, be admitted to a hospital as an informal patient for observation, evaluation, diagnosis, care, and treatment, without making formal written application. Such person shall not be admitted to the hospital if he objects thereto and shall be free to leave the hospital within 12 hours of his request unless held under another provision of sections 253A.01 to 253A.21.

Subd. 2. Any person desiring to receive care and treatment at a public hospital as a drug dependent person may be admitted to such hospital upon his application, in such manner and upon such conditions as the commissioner of public welfare may determine. If such person requests to leave the hospital, such request shall be submitted in writing to the head of the hospital. If such person in writing demands his release, the head of the hospital may detain such person for three days, exclusive of Sundays and legal holidays, after the date of such demand for release. If the head of the hospital deems such release not to be for the best interest of such person, his family, or the public, he shall petition for the commitment of such person as provided in section 253A.04, subdivision 3.

[1973 c 572 s 12]

253A.04 Emergency hospitalization of mentally ill persons

[For text of subd. 1, see M.S.1971]

Subd. 2. A peace or health officer may take a person into custody and transport him to a licensed physician or hospital if such officer has reason to believe that such person is mentally ill and in imminent danger of injuring himself or others if not immediately restrained. Application for admission of such person to a hospital shall be made by the peace or health officer and the application shall contain a statement given by the peace or health officer stating the circumstances under which such person was taken into custody and the reasons therefor. Such person may be admitted to a hospital for emergency care and treatment pursuant to this subdivision with the consent of the head of the hospital if a written statement is made by the medical officer on duty at the hospital that after preliminary examination the person has symptoms of a mental illness and appears to be in imminent danger of harming himself or others.

253A.04 HOSPITALIZATION AND COMMITMENT ACT

A peace or health officer or a person working under such officer's supervision, may take a person who is intoxicated in public into custody and transport him to a licensed hospital, mental health center facility or a person on the staff of a state licensed or approved program equipped to treat drug dependent persons. Provided, if such person is not endangering himself or any other person or property the peace or health officer may transport the person to his home.

Application for admission of an intoxicated person to a hospital, mental health center or other state licensed or approved program equipped to treat drug dependent persons shall be made by the peace or health officer, or a person working under such officer's supervision taking such person into custody and the application shall contain a statement given by the peace or health officer stating the circumstances under which such person was taken into custody and the reasons therefor. Such person may be admitted to a program or facility specified in this provision for emergency care and treatment with the consent of the institution program director or head of the facility.

[1973 c 572 s 13]

Subd. 3. Any person hospitalized pursuant to this section may be held up to 72 hours after admission, exclusive of Saturdays, Sundays, and legal holidays, unless a petition for the commitment of such person has been filed in the probate court of the county of residence or of the county wherein such hospital is located. If the head of the hospital deems such discharge not to be for the best interest of the person, his family, or the public and no other petition has been filed, he shall prior to the expiration of 72 hours after admission, exclusive of Saturdays, Sundays, and legal holidays, file a petition for the commitment of such person. Upon the filing of a petition, the court may order the detention of the person until determination of the matter. Upon motion of such hospitalized person the venue of the petition shall be changed to the probate court of the county of the person's residence, if he be a resident of the state of Minnesota.

[For text of subd. 4, see M.S.1971]

[1973 c 572 s 14]

253A.07 Judicial commitment

[For text of subd. 1, see M.S.1971]

Subd. 2. After the filing of the petition the probate court shall appoint two examiners, at least one of whom shall be a licensed physician. If the proposed patient is alleged to be mentally deficient one of the two examiners shall be skilled in the ascertainment of mental deficiency. If the proposed patient is alleged to be drug dependent and if at least one examiner qualified in the field of alcohol and drug abuse cannot be obtained, the court shall appoint a single examiner plus one additional person qualified in the field of alcohol and drug abuse. The final report submitted to the court shall contain all pertinent information and comments preferred by such qualified person. The court shall issue such orders as may be necessary to provide for the examination of the proposed patient which will be conducted prior to the hearing. The examination shall be held at a hospital, a public health facility, the home of the proposed patient, or such other suitable place as the court shall determine is not likely to have a harmful effect on the health of the proposed patient. No persons shall be present during the examination unless authorized by the examiner. The court may require the examiners to file with the court, prior to the hearing two copies of their report as to the condition of the proposed patient and his need for hospitalization, which report, if filed, shall be available to counsel.

[1973 c 572 s 15]

[For text of subds. 3 to 30, see M.S.1971]

253A.08 Commitment to an agency of the United States

Subdivision 1. If the patient is entitled to care by the veterans administration or other agency of the United States in this state, the commitment

HOSPITALIZATION AND COMMITMENT ACT 253A.17

warrant shall be in triplicate, committing the patient to the joint custody of the head of the hospital or the superintendent of the proper state institution and the institution of the veterans administration or other federal agency. If the veterans administration or other federal agency is unable or unwilling to receive the patient at the time of commitment, the patient may subsequently be transferred to it upon its request.

[1973 c 658 s 1]

[For text of subds. 2 to 5, see M.S.1971]

253A.15 Discharge

[For text of subds. 1 to 10, see M.S.1971]

Subd. 11. The head of any hospital, upon the provisional discharge, partial hospitalization, or release of any patient hospitalized under sections 253A.01 to 253A.21, shall notify the welfare board and in the event the patient is a drug dependent person the community mental health center of the county of such patient's residence before the patient is to leave the hospital, and the welfare board shall thereupon notify the patient's family. Whenever possible said notice shall be given at least one week before the patient is to leave the hospital. The commissioner shall provide by regulation the procedure and methods whereby such patient shall be helped to receive all public assistance benefits provided by state or federal law to which his residence and circumstances entitle him. Such regulations shall be uniformly applied in all counties, and all counties shall provide temporary relief whenever necessary to meet the intent of this section.

[1973 c 717 s 11]

[For text of subds. 12 to 17, see M.S.1971]

253A.16 Review boards

[For text of subds. 1 to 3, see M.S. 1971]

Subd. 4. The board shall review the admission and retention of patients at each state mental hospital. The board may examine the records of all patients admitted and may examine personally at its own instigation all patients who from the records or otherwise appear to justify reasonable doubt as to continued need of confinement in a mental hospital. The board shall report its findings to the commissioner. The board may also receive reports from patients and interested persons, including but not limited to hospital employees, on conditions affecting the humane and dignified care of patients and the board may examine the circumstances thereof in the manner described in this subdivision.

[1973 c 552 s 1]

[For text of subds. 5 and 6, see M.S.1971]

253A.17 Rights of patients

[For text of subds. 1 to 8, see M.S.1971]

Subd. 9. Every person hospitalized or otherwise receiving services under sections 253A.16 and 253A.17 shall be entitled to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further custody, institutionalization, or other services unnecessary. To this end the head of the hospital shall devise or cause to be devised for each person so hospitalized a written program plan which shall describe in behavioral terms the case problems, and the precise goals, including the expected period of time for hospitalization, and the specific measures to be employed in the solution or easement of said problems. Each plan shall be reviewed at not less than quarterly intervals to determine progress toward the goals, and to modify the program plan as necessary. The program plan shall be devised and reviewed in each instance with the appropriate county welfare department, and with the patient. The hospital record shall attest to the program plan review. If the county

253A.17 HOSPITALIZATION AND COMMITMENT ACT

welfare department or the patient does not so participate in the planning and review, the hospital record shall include reasons for non-participation and the plans for future involvement.

The department of public welfare shall monitor the aforementioned program plan and review process to insure compliance with the provisions of this subdivision.

[1973 c 552 s 2]

CHAPTER 254A. TREATMENT FOR ALCOHOL AND OTHER
DRUG ABUSE [NEW]

Sec.		Sec.	
254A.01	Public policy.	254A.06	Transfer of personnel.
254A.02	Definitions.	254A.07	Comprehensive programs; coordination of local programs.
254A.03	State authority on alcohol and drug abuse.	254A.08	Detoxification centers.
254A.04	Citizens advisory council.	254A.09	Confidentiality of records.
254A.05	Duties of advisory council.	254A.10	Rules and regulations.

254A.01 Public policy

It is hereby declared to be the public policy of this state that the interests of society are best served by providing persons who are dependent upon alcohol or other drugs with a comprehensive range of rehabilitative and social services. Further, it is declared that treatment under these services shall be voluntary when possible; treatment shall not be denied on the basis of prior treatment; treatment shall be based on an individual treatment plan for each person undergoing treatment; treatment shall include a continuum of services available for a person leaving a program of treatment; treatment shall include all family members at the earliest possible phase of the treatment process.

[1973 c 572 s 1]

254A.02 Definitions

Subdivision 1. For the purposes of Laws 1973, Chapter 572, unless the context clearly indicates otherwise, the terms defined in this section have the meanings given them.

Subd. 2. "Approved treatment program" means care and treatment services provided by any individual, organization or association to drug dependent persons, which meets the standards established by the commissioner of public welfare.

Subd. 3. "Comprehensive program" means the range of services which are to be made available for the purpose of prevention, care and treatment of alcohol and drug abuse.

Subd. 4. "Drug abuse or abuse of drugs" is the use of any psychoactive or mood altering chemical substance, without compelling medical reason, in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordering behavior and which results in psychological or physiological dependency as a function of continued use.

Subd. 5. "Drug dependent person" means any inebriate person or any person incapable of managing himself or his affairs or unable to function physically or mentally in an effective manner because of the abuse of a drug, including alcohol.

Subd. 6. "Facility" means any treatment facility administered under an approved treatment program established under Laws 1973, Chapter 572.

Subd. 7. "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol, or other drugs.

Subd. 8. "Other drugs" means any psychoactive chemical other than alcohol.