

CHAPTER 253

STATE HOSPITALS FOR PERSONS WITH MENTAL ILLNESS

253.015 Location; management; commitment; chief executive officer.
 253.016 Purpose of regional treatment centers.
 253.017 Treatment provided by regional treatment centers.

253.018 Persons served.
 253.28 State-operated, community-based programs for persons with mental illness.

253.015 LOCATION; MANAGEMENT; COMMITMENT; CHIEF EXECUTIVE OFFICER.

Subdivision 1. **State hospitals for persons with mental illness.** The state hospitals located at Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter, and Willmar shall constitute the state hospitals for persons with mental illness, and shall be maintained under the general management of the commissioner of human services. The commissioner of human services shall determine to what state hospital persons with mental illness shall be committed from each county and notify the probate judge thereof, and of changes made from time to time. The chief executive officer of each hospital for persons with mental illness shall be known as the chief executive officer.

Subd. 2. **Plan for needed regional treatment center services.** (a) By January 30, 1990, the commissioner shall develop and submit to the legislature a plan to implement a program for persons in southeastern Minnesota who are mentally ill.

(b) By January 1, 1990, the commissioner shall develop a plan to establish a comprehensive brain injury treatment program at the Faribault regional center site to meet the needs of people with brain injuries in Minnesota. The program shall provide post-acute, community integration and family support services for people with brain injuries which have resulted in behavior, cognitive, emotional, communicative and mobility impairments or deficits. The plan shall include development of a brain injury residential unit, a functional evaluation outpatient clinic and an adaptive equipment center within the outpatient clinic. Health care services already available at the regional center or from the Faribault community must be utilized, and the plan shall include provisions and cost estimates for capital improvements, staff retraining, and program start-up costs.

(c) By January 1, 1990, the commissioner shall develop a plan to establish 35 auxiliary beds at Brainerd regional treatment center for the Minnesota security hospital.

History: 1989 c 282 art 6 s 24

253.016 PURPOSE OF REGIONAL TREATMENT CENTERS.

The primary mission of the regional treatment centers for persons with major mental illness is to provide inpatient psychiatric hospital services. The regional treatment centers are part of a comprehensive mental health system. Regional treatment center services must be integrated into an array of services based on assessment of individual needs.

History: 1989 c 282 art 6 s 25

253.017 TREATMENT PROVIDED BY REGIONAL TREATMENT CENTERS.

Subdivision 1. **Active psychiatric treatment.** The regional treatment centers shall provide active psychiatric treatment according to contemporary professional standards. Treatment must be designed to:

- (1) stabilize the individual and the symptoms that required hospital admission;
- (2) restore individual functioning to a level permitting return to the community;

- (3) strengthen family and community support; and
- (4) facilitate discharge, after care, and follow-up as patients return to the community.

Subd. 2. **Need for services.** The commissioner shall determine the need for the psychiatric services provided by the department based upon individual needs assessments of persons in the regional treatment centers as required by section 245.474, subdivision 2, and an evaluation of: (1) regional treatment center programs, (2) programs needed in the region for persons who require hospitalization, and (3) available epidemiologic data. Throughout its planning and implementation, the assessment process must be discussed with the state advisory council on mental health in accordance with its duties under section 245.697. Continuing assessment of this information must be considered in planning for and implementing changes in state-operated programs and facilities for persons with mental illness. By January 31, 1990, the commissioner shall submit a proposal for renovation or new construction of the facilities at Anoka, Brainerd, Moose Lake, and Fergus Falls. Expansion may be considered only after a thorough analysis of need and in conjunction with a comprehensive mental health plan.

Subd. 3. **Dissemination of admission and stay criteria.** The commissioner shall periodically disseminate criteria for admission and continued stay in a regional treatment center and security hospital. The commissioner shall disseminate the criteria to the courts of the state and counties.

History: 1989 c 282 art 6 s 26

253.018 PERSONS SERVED.

The regional treatment centers shall primarily serve adults. Programs treating children and adolescents who require the clinical support available in a psychiatric hospital may be maintained on present campuses until adequate state-operated alternatives are developed off campus according to the criteria of section 253.28, subdivision 2.

History: 1989 c 282 art 6 s 27

253.28 STATE-OPERATED, COMMUNITY-BASED PROGRAMS FOR PERSONS WITH MENTAL ILLNESS.

Subdivision 1. **Programs for persons with mental illness.** Beginning July 1, 1991, the commissioner may establish a system of state-operated, community-based programs for persons with mental illness. For purposes of this section, "state-operated, community-based program" means a program administered by the state to provide treatment and habilitation in community settings to persons with mental illness. Employees of the programs must be state employees under chapters 43A and 179A. The role of state-operated services must be defined within the context of a comprehensive system of services for persons with mental illness. Services may include, but are not limited to, community residential treatment facilities for children and adults.

Subd. 2. **Location of programs for persons with mental illness.** In determining the location of state-operated, community-based programs, the needs of the individual clients shall be paramount. The commissioner shall take into account:

- (1) the personal preferences of the persons being served and their families;
- (2) location of the support services needed by the persons being served as established by an individual service plan;
- (3) the appropriate grouping of the persons served;
- (4) the availability of qualified staff;
- (5) the need for state-operated, community-based programs in the geographical region of the state; and
- (6) a reasonable commuting distance from a regional treatment center or the residences of the program staff.

Subd. 3. **Evaluation of community-based services development.** The commissioner shall develop an integrated approach to assessing and improving the quality of community-based services including state-operated programs to persons with mental illness. The commissioner shall evaluate the progress of the development and quality of the community-based services to determine if further development can proceed. The commissioner shall report results of the evaluation to the legislature by January 31, 1993.

History: 1989 c 282 art 6 s 28