

CHAPTER 253

HOSPITALS FOR PERSONS WITH MENTAL ILLNESS

253.015	Location; management; commitment; chief executive officer.	253.202	Management.
253.016	Purpose of regional treatment centers.	253.21	Commitment; proceedings; restoration of mental health.
253.017	Treatment provided by regional treatment centers.	253.22	Allowances.
253.018	Persons served.	253.23	Transfer proceedings.
253.10	Death or illness; notice given next of kin.	253.24	Terms of sentence.
253.13	Notice of escape.	253.25	Commitment before conviction.
253.19	Annual report.	253.26	Transfers of patients or residents.
253.20	Minnesota Security Hospital.	253.27	Correspondence without censorship.
253.201	Minnesota Security Hospital.	253.28	State-operated, community-based programs for persons with mental illness.

253.01 [Repealed, 1947 c 491 s 2]

253.014 [Repealed, 1965 c 45 s 73]

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, St. Peter, Willmar, and Moose Lake until June 30, 1995, 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 judge exercising probate jurisdiction 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 postacute, 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. The commissioner shall develop secure beds for persons who are mentally ill as authorized in the worksheets of the house appropriations and senate finance committees. The commissioner shall finance the purchase or construction of these beds with the Minnesota housing finance agency. The commissioner shall make payments through the department of administration to the Minnesota housing finance agency in repayment of mortgage loans granted for the purposes of this section.

Subd. 3. **Services for persons with mental illness from Moose Lake regional treatment center.** (a) The commissioner shall develop the following services in the Moose Lake catchment area for patients with mental illness relocated from the Moose Lake regional treatment center and must promote a mix of state-operated and private services to include the following:

(1) by September 1, 1994, services in community nursing facilities for 45 patients with mental illness;

(2) by December 1, 1994, 24 state-operated community service slots, which may be a combination of residential and crisis services, designed to serve persons with mental illness and at least 75 percent of these state-operated community service slots shall be residential services;

(3) by December 1, 1994, 16 service slots in other community settings; and

(4) by December 1, 1994, 25 inpatient psychiatric beds in community hospitals for adult patients who are acutely ill, particularly those under judicial commitment.

(b) By October 1, 1994, 15 inpatient acute care state-operated psychiatric beds in the Moose Lake catchment area.

(c) By July 1, 1995, the commissioner shall establish 60 beds at Brainerd regional human services center to serve persons with mental illness being relocated from the Moose Lake regional treatment center.

Subd. 4. **Services for persons with traumatic brain injury.** By June 30, 1994, the commissioner shall develop 15 beds at Brainerd regional human services center for persons with traumatic brain injury, including patients relocated from the Moose Lake regional treatment center.

History: 1947-c 491 s 1; 1951 c 10 s 2; 1965 c 45 s 27; 1984 c 654 art 5 s 58; 1985 c 21 s 41; 1989 c 282 art 6 s 24; 1991 c 292 art 6 s 42; 1Sp1993 c 1 art 7 s 35-37; 1995 c 189 s 8; 1996 c 277 s 1; 2002 c 221 s 16

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

253.02 [Repealed, 1947 c 491 s 2]

253.03 [Repealed, 1947 c 622 s 14]

253.04 [Repealed, 1947 c 622 s 14]

253.05 [Repealed, 1947 c 622 s 14]

253.053 [Repealed, 1969 c 955 s 7]

253.06 [Repealed, 1947 c 491 s 2]

253.07 [Repealed, 1947 c 491 s 2]

253.08 [Repealed, 1947 c 491 s 2]

253.09 [Repealed, 1947 c 491 s 2]

253.10 DEATH OR ILLNESS; NOTICE GIVEN NEXT OF KIN.

The chief executive officer of any state hospital shall give to the next of kin of any resident thereof immediate notice of the resident's death, serious illness, or special change in condition and promptly and fully answer all letters of inquiry from relatives. Immediately after the death of a patient or resident therein, the chief executive officer shall furnish for registration, to the proper clerk or health officer, and to the judge exercising probate jurisdiction for the county from which the resident was committed, a certificate setting forth the name of the patient or resident, age, the duration of last sickness, and the cause and date of death. The expenses of all coroners' inquests upon persons dying in such hospital shall be paid from the appropriation for its current expenses.

History: (4518) RL s 1917; 1965 c 45 s 28; 1985 c 21 s 42; 1986 c 444; 1995 c 189 s 8; 1996 c 277 s 1

253.11 [Repealed, 1967 c 638 s 22]

253.12 [Repealed, 1967 c 638 s 22]

253.13 NOTICE OF ESCAPE.

When a convict from the Minnesota correctional facility-Stillwater or the Minnesota correctional facility-St. Cloud who has been committed to a state hospital escapes therefrom or dies therein, the superintendent shall immediately notify the chief executive officer of such facility of such fact.

History: (4521) RL s 1920; 1965 c 45 s 30; 1979 c 102 s 13

253.14 [Repealed, 1953 c 342 s 1]

253.15 [Repealed, 1965 c 45 s 73]

253.16 [Repealed, 1965 c 45 s 73]

253.17 [Repealed, 1965 c 45 s 73]

253.18 [Repealed, 1967 c 638 s 22]

253.19 ANNUAL REPORT.

On or before September 1 each year, the chief executive officer of each state hospital for persons with mental illness or mental retardation shall report to the commissioner of human services the number of persons with mental illness therein on July 31 preceding, giving the numbers of male and female and of the number of persons with mental retardation separately, and a statistical exhibit of the admissions, discharges, and deaths, with causes of death, and such other facts and information as the commissioner may require. Neglect to so report shall be a misdemeanor.

History: (4527) *RL s 1926; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 43*

253.20 MINNESOTA SECURITY HOSPITAL.

The commissioner of human services is hereby authorized and directed to erect, equip, and maintain in connection with a state hospital at St. Peter a suitable building to be known as the Minnesota Security Hospital, for the purpose of holding in custody and caring for such persons with mental illness or mental retardation as may be committed thereto by courts of criminal jurisdiction, or otherwise, or transferred thereto by the commissioner of human services, and for such persons as may be declared insane while confined in any penal institution, or who may be found to be mentally ill and dangerous, and the commissioner shall supervise and manage the same as in the case of other state hospitals.

History: (4528) *1907 c 338 s 1; 1957 c 196 s 1; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 44; 1986 c 444*

253.201 MINNESOTA SECURITY HOSPITAL.

The state asylum for the dangerous insane at St. Peter established by Laws 1907, chapter 338 shall hereafter be known as the Minnesota Security Hospital and shall continue under the management of the superintendent of the St. Peter State Hospital, and the revisor of statutes shall substitute the latter name wherever the term "asylum for the dangerous insane" or "hospital for the dangerous insane" now appears in the statutes.

History: *1957 c 196 s 1*

253.202 MANAGEMENT.

Notwithstanding the provisions of section 253.201, or any other law to the contrary, the Minnesota Security Hospital shall be under the administrative management of a hospital administrator, to be appointed by the commissioner of human services, who shall be a graduate of an accredited college giving a course leading to a degree in hospital administration, and the commissioner of human services, by rule, shall designate such colleges which in the commissioner's opinion give an accredited course in hospital administration. In addition to a hospital administrator, the commissioner of human services may appoint a licensed doctor of medicine as chief of the medical staff and the doctor shall be in charge of all medical care, treatment, rehabilitation, and research. This section is effective on July 1, 1963.

History: *1963 c 764 s 11; 1971 c 24 s 25; 1984 c 654 art 5 s 58; 1985 c 248 s 70; 1986 c 444; 1987 c 384 art 1 s 49; 1Sp1993 c 1 art 7 s 38*

253.21 COMMITMENT; PROCEEDINGS; RESTORATION OF MENTAL HEALTH.

When any person confined in the Minnesota correctional facility-Stillwater or the Minnesota correctional facility-St. Cloud is alleged to be mentally ill, the chief executive officer or other person in charge shall forthwith notify the commissioner of

human services, who shall cause the prisoner to be examined by the court exercising probate jurisdiction of the county where the prisoner is confined, as in the case of other persons who are mentally ill. In case the prisoner is found to be mentally ill, the prisoner shall be transferred by the order of the court to the Minnesota Security Hospital or to a state hospital for people who are mentally ill in the discretion of the court, there to be kept and maintained as in the case of other persons who are mentally ill. If, in the judgment of the chief executive officer, the prisoner's mental health is restored before the period of commitment to the penal institution has expired, the prisoner shall be removed by the commissioner, upon the certificate of the chief executive officer, to the institution whence the prisoner came to complete the sentence.

History: (4529) 1907 c 338 s 2; 1913 c 540 s 1; 1957 c 196 s 1; 1979 c 102 s 13; 1984 c 654 art 5 s 58; 1985 c 21 s 45; 1986 c 444; 1995 c 189 s 8; 1996 c 277 s 1; 2002 c 221 s 17

253.22 ALLOWANCES.

When any convict is discharged from the Minnesota Security Hospital the convict shall receive the same allowances in money, clothing, and otherwise which the convict would have received on remaining at the sending institution and the expenditures in behalf of the convict shall be made out of the same fund. While at the hospital, the convict shall be clothed and supported as are other patients.

History: (4530) 1907 c 338 s 3; 1957 c 196 s 1; 1965 c 45 s 32; 1986 c 444

253.23 TRANSFER PROCEEDINGS.

When any criminal shall be transferred to the Minnesota Security Hospital the original warrant of commitment to the penal institution shall be sent with the criminal and returned to the penal institution upon return or discharge of the criminal. A certified copy thereof shall be preserved at the penal institution.

History: (4531) 1907 c 338 s 4; 1957 c 196 s 1; 1986 c 444

253.24 TERMS OF SENTENCE.

A prisoner who is removed or returned under sections 253.20 to 253.27 shall be held in the place to which the prisoner is so removed or returned in accordance with the terms of the prisoner's original sentence unless sooner discharged and the period of removal shall be counted as a part of the term of the confinement.

History: (4532) 1907 c 338 s 5; 1986 c 444

253.25 COMMITMENT BEFORE CONVICTION.

When any person under indictment or information and before trial thereon shall be found to be incompetent to proceed and to have homicidal tendencies; or when during the trial of any person on an indictment or information such person shall be found to be incompetent to proceed and to have homicidal tendencies, the court in which such indictment or information is filed shall forthwith commit such person to the Minnesota Security Hospital for safekeeping and treatment and such person shall be received and cared for thereat until recovery when the person shall be returned to the court from which the person was received there to be dealt with according to law.

History: (4533) 1907 c 338 s 6; 1957 c 196 s 1; 1985 c 21 s 46; 1986 c 444

253.26 TRANSFERS OF PATIENTS OR RESIDENTS.

When any person of the state hospital for patients with mental illness or residents with mental retardation is found by the commissioner of human services to have homicidal tendencies or to be under sentence or indictment or information the person may be transferred by the commissioner to the Minnesota Security Hospital for safekeeping and treatment.

History: (4534) 1907 c 338 s 7; 1955 c 454 s 1; 1957 c 196 s 1; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 47; 1986 c 444

253.27 CORRESPONDENCE WITHOUT CENSORSHIP.

Any inmate of the Minnesota Security Hospital may correspond freely, without censorship, with the governor and with the commissioner of human services.

History: (4535) 1907 c 338 s 8; 1957 c 196 s 1; 1984 c 654 art 5 s 58

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