

253B.10 PROCEDURES UPON COMMITMENT.

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The executive board shall prioritize civilly committed patients being admitted from jail or a correctional institution or who are referred to a state-operated treatment facility for competency attainment or a competency examination under sections 611.40 to 611.59 for admission to a medically appropriate state-operated direct care and treatment bed based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

(1) the length of time the person has been on a waiting list for admission to a state-operated direct care and treatment program since the date of the order under paragraph (a), or the date of an order issued under sections 611.40 to 611.59;

(2) the intensity of the treatment the person needs, based on medical acuity;

(3) the person's revoked provisional discharge status;

(4) the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

(7) any relevant federal prioritization requirements.

Patients described in this paragraph must be admitted to a state-operated treatment program within the timelines specified in section 253B.1005. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2, must be prioritized for admission to a state-operated treatment program using the priority admissions framework in this paragraph.

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the executive board for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or executive board, provide copies of the patient's medical and behavioral records to the executive board for purposes of preadmission planning. This information shall be

provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

(e) Within four business days of determining which state-operated direct care and treatment program or programs are appropriate for an individual, the executive medical director or a designee must notify the source of the referral and the responsible county human services agency, the individual being ordered to direct care and treatment, and the district court that issued the order of the determination. The initial notice shall include the individual's relative priority status by quartile and contact information for the Direct Care and Treatment central preadmissions office. Detailed information on factors impacting the individual's priority status is available from the central preadmissions office upon request, consistent with section 13.04. Any interested person or the individual being ordered to direct care and treatment may provide additional information to or request updated priority status about the individual from the executive medical director or a designee while the individual is awaiting admission. Priority status information for an individual will only be disclosed to interested persons who are legally authorized to receive private information about the individual, including the designated agency and the facility to which the individual is awaiting admission. Specific updated priority status information may be withheld from the individual being ordered to direct care and treatment if, in the judgment of the physicians in the executive medical director's office, the information will jeopardize the individual's health or well-being.

(f) For any individual not admitted to a state-operated direct care and treatment program within 60 business days after the initial notice under paragraph (e), the executive medical director or a designee must provide additional notice to the responsible county human services agency, the individual being ordered to direct care and treatment, and the district court that issued the order of the determination. The additional notice must include updates to the same information provided in the previous notice.

(g) When an available bed has been identified, the executive medical director or a designee must notify the designated agency and the facility where the individual is awaiting admission that the individual has been accepted for admission to a particular state-operated direct care and treatment program and the earliest possible date the admission can occur. The designated agency or facility where the individual is awaiting admission must transport the individual to the admitting direct care and treatment program no more than 48 hours after the offered admission date.

Subd. 2. Transportation. (a) When a patient is about to be placed in a treatment facility, state-operated treatment program, or community-based treatment program, the court may order the designated agency, treatment facility, state-operated treatment program, or community-based treatment program, or any responsible adult to transport the patient. A protected transport provider may transport the patient according to section 256B.0625, subdivision 17. Whenever possible, a peace officer who provides the transportation shall not be in uniform and shall not use a vehicle visibly marked as a law enforcement vehicle. The proposed patient may be accompanied by one or more interested persons.

(b) When a patient who is at a state-operated treatment program requests a hearing for adjudication of a patient's status pursuant to section 253B.17, the executive board shall provide transportation.

Subd. 3. Notice of admission. Whenever a committed person has been admitted to a treatment facility, state-operated treatment program, or community-based treatment program under the provisions of section 253B.09 or 253B.18, the head of the facility or program shall immediately notify the patient's spouse, health care agent, or parent and the county of financial responsibility if the county may be liable for a portion of the cost of treatment. If the committed person was admitted upon the petition of a spouse, health care agent, or parent, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall notify an interested person other than the petitioner.

Subd. 3a. **Interim custody and treatment of committed person.** When the patient is present in a treatment facility or state-operated treatment program at the time of the court's commitment order, unless the court orders otherwise, the commitment order constitutes authority for that facility or program to confine and provide treatment to the patient until the patient is transferred to the facility or program to which the patient has been committed.

Subd. 4. **Private treatment.** Patients or other responsible persons are required to pay the necessary charges for patients committed or transferred to treatment facilities or community-based treatment programs. Treatment facilities or community-based treatment programs may not refuse to accept a committed person solely based on the person's court-ordered status. Insurers must provide treatment and services as ordered by the court under section 253B.045, subdivision 6, or as required under chapter 62M.

Subd. 5. **Transfer to voluntary status.** At any time prior to the expiration of the initial commitment period, a patient who has not been committed as a person who has a mental illness and is dangerous to the public or a sexually dangerous person or a sexual psychopathic personality may be transferred to voluntary status upon the patient's application in writing with the consent of the head of the facility or program to which the person is committed. Upon transfer, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall immediately notify the court in writing and the court shall terminate the proceedings.

Subd. 6. **State-operated services for persons with mental illness.** The executive board shall determine to which state-operated services facility persons with mental illness from each county shall be committed and notify the judges exercising probate jurisdiction over each county of the commitment. The executive board shall also notify judges of any changes made by the executive board to the commitment location.

History: 1947 c 491 s 1; 1951 c 10 s 2; 1965 c 45 s 27; 1982 c 581 s 10; 1984 c 654 art 5 s 58; 1985 c 21 s 41; 1986 c 444; 1989 c 282 art 6 s 24; 1Sp1993 c 1 art 7 s 35; 1995 c 189 s 8; 1996 c 277 s 1; 1997 c 217 art 1 s 63; 1Sp2001 c 9 art 9 s 36; 2002 c 379 art 1 s 113; 1Sp2003 c 14 art 6 s 40; 2009 c 108 s 7; 2010 c 300 s 21; 2010 c 357 s 8; 2013 c 59 art 2 s 12; 2013 c 108 art 4 s 11; 1Sp2017 c 6 art 6 s 2; 1Sp2020 c 2 art 6 s 60; 2023 c 61 art 4 s 7; 2024 c 79 art 5 s 1,8; art 10 s 1,3; 2024 c 125 art 4 s 5; art 5 s 38; 2024 c 127 art 49 s 5; art 50 s 38; 2025 c 38 art 3 s 41; 1Sp2025 c 9 art 5 s 4