

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 836

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DATE	D-PG	OFFICIAL STATUS
02/09/2017	560	Introduction and first reading
03/02/2017		Referred to Human Services Reform Finance and Policy Comm report: Amended, No recommendation, re-referred to Judiciary and Public Safety Finance and Policy

1.1 A bill for an act

1.2 relating to human services; providing for assisted outpatient mental health treatment

1.3 with mandatory weekly patient reporting to treatment provider; amending Minnesota

1.4 Statutes 2016, sections 253B.066, subdivision 1; 253B.09, subdivision 1; 253B.097,

1.5 subdivision 1.

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

1.7 Section 1. Minnesota Statutes 2016, section 253B.066, subdivision 1, is amended to read:

1.8 Subdivision 1. **Treatment alternatives.** If the court orders early intervention under

1.9 section 253B.065, subdivision 5, the court may include in its order a variety of treatment

1.10 alternatives including, but not limited to, assisted outpatient treatment with mandatory

1.11 weekly patient reporting to the treatment provider for at least one year, day treatment,

1.12 medication compliance monitoring, assertive community treatment, crisis assessment and

1.13 stabilization, partial hospitalization, and short-term hospitalization not to exceed 21 days.

1.14 If the court orders short-term hospitalization and the proposed patient will not go

1.15 voluntarily, the court may direct a health officer, peace officer, or other person to take the

1.16 person into custody and transport the person to the hospital.

1.17 Sec. 2. Minnesota Statutes 2016, section 253B.09, subdivision 1, is amended to read:

1.18 Subdivision 1. **Standard of proof.** (a) If the court finds by clear and convincing evidence

1.19 that the proposed patient is a person who is mentally ill, developmentally disabled, or

1.20 chemically dependent and after careful consideration of reasonable alternative dispositions,

1.21 including but not limited to, dismissal of petition, voluntary outpatient care, voluntary

1.22 admission to a treatment facility, appointment of a guardian or conservator, or release before

1.23 commitment as provided for in subdivision 4, it finds that there is no suitable alternative to

2.1 judicial commitment, the court shall commit the patient to the least restrictive treatment
2.2 program or alternative programs which can meet the patient's treatment needs consistent
2.3 with section 253B.03, subdivision 7.

2.4 (b) In deciding on the least restrictive program, the court shall consider a range of
2.5 treatment alternatives including, but not limited to, assisted outpatient treatment with
2.6 mandatory weekly patient reporting to the treatment provider for at least one year,
2.7 community-based nonresidential treatment, community residential treatment, partial
2.8 hospitalization, acute care hospital, and regional treatment center services. The court shall
2.9 also consider the proposed patient's treatment preferences and willingness to participate
2.10 voluntarily in the treatment ordered. The court may not commit a patient to a facility or
2.11 program that is not capable of meeting the patient's needs.

2.12 (c) If the commitment as mentally ill, chemically dependent, or developmentally disabled
2.13 is to a service facility provided by the commissioner of human services, the court shall order
2.14 the commitment to the commissioner. The commissioner shall designate the placement of
2.15 the person to the court.

2.16 (d) If the court finds a proposed patient to be a person who is mentally ill under section
2.17 253B.02, subdivision 13, paragraph (a), clause (2) or (4), the court shall commit to a
2.18 community-based program that meets the proposed patient's needs. For purposes of this
2.19 paragraph, a community-based program may include inpatient mental health services at a
2.20 community hospital.

2.21 Sec. 3. Minnesota Statutes 2016, section 253B.097, subdivision 1, is amended to read:

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

2.24 (1) a written plan for services to the patient including at a minimum that the patient
2.25 reports to the treatment provider at least one time each week for a period of one year;

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

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

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