

# MINNESOTA STATUTES 1975 SUPPLEMENT

## 252A.21 MENTAL RETARDATION PROTECTION

commissioner under sections 252A.01 to 252A.21, consistent with the commissioner's ultimate responsibility as public guardian or public conservator.

Subd. 3. Whenever the term "guardian" is used in sections 252A.01 to 252A.21, it shall include "conservator," and the term "ward" shall include "conservatee" unless another intention clearly appears from the context.

Subd. 4. Nothing in sections 252A.01 to 252A.21 shall impair the right of individuals to establish private guardianships or conservatorships in accordance with applicable law.

[1975 c 208 s 21]

## CHAPTER 253A. HOSPITALIZATION AND COMMITMENT ACT

Sec. 253A.02	Defintions.	Sec. 253A.07	Judicial commitment.
253A.04	Emergency hospitalization of mentally ill and mentally deficient persons.	253A.13	Repealed.
		253A.15	Discharge.
		253A.16	Review boards.

### 253A.02 Defintions.

[For text of subds 1 to 4, see M.S.1974]

Subd. 5. "Mentally deficient person" means any person who has been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior who is in need of treatment or supervision. For the purpose of involuntary commitment of a person as mentally deficient it is necessary for the court to find: (a) that the person is a mentally deficient person and (b) that involuntary commitment to a residential training center or hospital is necessary for the welfare of the person or the protection of society as defined in section 253A.07, subdivision 17, clause (b).

[For text of subds 6 to 20, see M.S.1974]

Subd. 21. "Residential training center" means a public or private residential facility which is licensed by the department of public welfare and which provides residential care and training to five or more mentally deficient individuals:

[1975 c 208 s 23,24]

### 253A.04 Emergency hospitalization of mentally ill and mentally deficient persons.

Subdivision 1. Any person may be admitted or held for emergency care and treatment in a hospital with the consent of the head of the hospital upon a written statement by any licensed physician that he has examined the person not more than 15 days prior to the person's admission, that he is of the opinion, for stated reasons, that the person is mentally ill, inebriate or mentally deficient and is in imminent danger of causing injury to himself or others if not immediately restrained, and that an order of the court cannot be obtained in time to prevent such anticipated injury. Such physician's statement shall be sufficient authority for a peace or health officer to transport a patient to a hospital.

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 or mentally deficient 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

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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 mental illness or mental deficiency and appears to be in imminent danger of harming himself or others.

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.

[1975 c 208 s 25,26]

[For text of subds 3 and 4, see M.S.1974]

### 253A.07 Judicial commitment.

[For text of subds 1 to 16, see M.S.1974]

Subd. 17. If, upon completion of the hearing and consideration of the record which shall be made pursuant to the rules of evidence, the court finds the proposed patient is:

(a) A mentally ill person, and (1) that the evidence of the proposed patient's conduct clearly shows that his customary self-control, judgment, and discretion in the conduct of his affairs and social relations is lessened to such an extent that hospitalization is necessary for his own welfare or the protection of society; that is, that the evidence of his conduct clearly shows: (i) that he has attempted to or threatened to take his own life or attempted to seriously physically harm himself or others; or (ii) that he has failed to protect himself from exploitation from others; or (iii) that he has failed to care for his own needs for food, clothing, shelter, safety or medical care; and (2) after careful consideration of reasonable alternative dispositions, including but not limited to, dismissal of petition, out-patient care, informal or voluntary hospitalization in a private or public facility, appointment of a guardian, or release before commitment as provided for in section 253A.12, and finds no suitable alternative to involuntary hospitalization, the court shall commit such patient to a public hospital or a private hospital consenting to receive him, subject to a mandatory review by the head of the hospital within 60 days from the date of the order as hereinafter provided;

(b) A mentally deficient person, and (1) that the evidence clearly shows that the person is so deficient in daily living skills, self-control or the conduct of his affairs and social relations that commitment to a residential training center or hospital is necessary for his own welfare or the protection of society; that is, that the evidence clearly shows (i) that he is unable and has not cared for his own needs for food, clothing, shelter, safety or medical care or (ii) that he has failed to protect himself from exploitation from others or (iii) that he has attempted to seriously physically harm himself or others; and (2) after careful consideration of reasonable alternative dispositions, including, but not

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limited to, dismissal of petition, informal or voluntary placement in a residential training center or hospital, or appointment of a guardian, and finds no suitable alternative to involuntary commitment to a residential training center or hospital, the court shall commit such person to a residential training center or hospital consenting to receive him, subject to a mandatory review by the head of the facility within 60 days from the date of the order as hereinafter provided;

(c) A mentally ill person determined to be in need of commitment in accordance with clauses (a) (1) and (2) above, and a person who is dangerous to the public, the court shall commit such patient to a public hospital or a private hospital consenting to receive him, subject to a mandatory review by the head of the hospital within 60 days from the date of the order as hereinafter provided;

(d) An inebriate person, and that commitment to a hospital is necessary for the welfare of the patient or the protection of society, the court shall commit such patient to a public hospital or a private hospital consenting to receive the person, subject to a mandatory review by the head of the hospital within 60 days from the date of the order as hereinafter provided.

**Subd. 18.** [Repealed, 1975 c 208 s 35]

Subd. 19. Whenever a person is committed under subdivision 17, the court shall issue a warrant in duplicate, committing the patient to the custody of the head of the designated hospital or residential training center for the care of mentally ill or inebriate or mentally deficient persons, and the patient shall be transported to the institution as provided in section 253A.09.

[For text of subd 20, see M.S.1974]

Subd. 21. A copy of the petition for commitment, a copy of the court's findings of fact and conclusions of law, a copy of the court order committing the patient, a copy of the report of the medical examiners, and a copy of the social service report shall be transmitted within 14 days to the head of the hospital or residential training center receiving such person.

[1975 c 208 s 27-29]

[For text of subs 22 to 30, see M.S.1974]

**253A.13** [Repealed, 1975 c 208 s 35]

**253A.15 Discharge.**

Subdivision 1. The head of a hospital shall discharge any patient admitted as mentally ill, inebriate or mentally deficient when certified by him to be no longer in need of institutional care and treatment, unless such patient was charged with or convicted of a criminal offense, or was found by the committing court to be dangerous to the public or to have a psychopathic personality. In the case of committed patients, other than those committed as mentally ill and dangerous to the public or as a psychopathic personality the head of the hospital may provisionally discharge any such patient; that is, discharge him from the hospital without discharging his commitment. Where such patient was charged with or convicted of a criminal offense, he shall not be discharged except upon order of a court of competent jurisdiction. In cases where the patient was charged with, or convicted of, a criminal offense the hospital shall notify the court that the patient is no longer in need of institutional care and treatment and the court shall order appropriate disposition of the patient.

[1975 c 208 s 30]

[For text of subs 2 to 17, see M.S.1974]

# MINNESOTA STATUTES 1975 SUPPLEMENT

## TREATMENT FOR ALCOHOL AND DRUG ABUSE 254A.05

### 253A.16 Review boards.

Subdivision 1. There shall be established by the commissioner for each state hospital a review board of three or more persons to review the admission and retention of patients hospitalized under chapter 253A. One of such persons shall be qualified in the diagnosis of mental illness or mental deficiency and one of such persons shall be learned in the law. The commissioner may, upon written request from the appropriate federal authority, establish a review panel for any federal hospital within the state to review the admission and retention of patients hospitalized under chapter 253A. For any review board established for a federal hospital, one of the persons appointed by the commissioner shall be the commissioner of veterans affairs or his designee.

Subd. 2. Each hospital shall be visited by the review board at least once every six months. Each patient in the hospital who so requests shall have the right to appear before the review board during such visit. A patient may at any time request the right to appear before the review board. Upon receiving such request the head of the hospital shall notify the commissioner who shall set a time and date for the patient's appearance before the review board.

Subd. 3. The head of the hospital shall notify each patient at the time of admission by a simple written statement of the patient's right to appear before the review board and the next date when the board will visit the hospital. A request to appear before the board does not have to be in writing. Any employee of the hospital receiving such a request to appear before the board shall notify the head of the hospital of such request.

Subd. 4. The board shall review the admission and retention of patients at its respective 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 and to the head of the hospital. 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.

[1975 c 174 s 1-4]

[For text of subds 5 and 6, see M.S.1974]

## CHAPTER 254A. TREATMENT FOR ALCOHOL AND DRUG ABUSE

Sec.  
254A.04 Citizens advisory council.

Sec.  
254A.05 Duties of advisory council.

### 254A.04 Citizens advisory council.

There is hereby created an alcohol and other drug abuse advisory council to advise the department of public welfare concerning the problems of alcohol and other drug dependency and abuse, composed of 11 members appointed by the governor. At least five members shall be individuals whose interests or training are in the field of alcohol dependency and abuse; and at least five members whose interests or training are in the field of dependency and abuse of drugs other than alcohol. The council shall expire and the terms, compensation and removal of members shall be as provided in section 15.059.

[1975 c 315 s 17]

### 254A.05 Duties of advisory council.

[For text of subd 1, see M.S.1974]

Subd. 2. [Repealed, 1975 c 315 s 26]