

CHAPTER 253

HOSPITALS FOR PERSONS WITH MENTAL ILLNESS

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253.01 [Repealed, 1947 c 491 s 2]

253.014 [Repealed, 1965 c 45 s 73]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-operated services for persons with mental illness.** The state-operated services facilities located at Anoka, Brainerd, Fergus Falls, St. Peter, and Willmar shall constitute the state-operated services facilities 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-operated services facility 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.

Subd. 2. [Repealed, 1Sp2003 c 14 art 6 s 68]

Subd. 3. [Repealed, 1Sp2003 c 14 art 6 s 68]

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; 1Sp2003 c 14 art 6 s 40

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 STATE-OPERATED SERVICES.

Subdivision 1. **Active psychiatric treatment.** The state-operated services 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 assess-

ments of persons in the state-operated services as required by section 245.474, subdivision 2, and an evaluation of: (1) state-operated services 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. 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 state-operated services facility. The commissioner shall disseminate the criteria to the courts of the state and counties.

History: 1989 c 282 art 6 s 26; 1Sp2003 c 14 art 6 s 41

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 [Repealed, 1Sp2003 c 14 art 6 s 68]

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 [Repealed, 1Sp2003 c 14 art 6 s 68]

253.20 MINNESOTA SECURITY HOSPITAL.

The commissioner of human services shall erect, equip, and maintain in St. Peter a suitable building to be known as the Minnesota Security Hospital, for the purpose of providing a secure treatment facility as defined in section 253B.02, subdivision 18a, for persons who may be committed there by courts, or otherwise, or transferred there by the commissioner of human services, and for persons who are found to be mentally ill while confined in any correctional facility, 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; 1Sp2003 c 14 art 6 s 42

253.201 [Repealed, 1Sp2003 c 14 art 6 s 68]

253.202 [Repealed, 1Sp2003 c 14 art 6 s 68]

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 253.26 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; 1Sp2003 c 14 art 6 s 67

253.25 [Repealed, 1Sp2003 c 14 art 6 s 68]

253.26 TRANSFERS OF PATIENTS OR RESIDENTS.

The commissioner of human services may transfer a committed patient to the Minnesota Security Hospital following a determination that the patient's behavior presents a danger to others and treatment in a secure treatment facility is necessary. The commissioner shall establish a written policy creating the transfer criteria.

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; 1Sp2003 c 14 art 6 s 43

253.27 [Repealed, 1Sp2003 c 14 art 6 s 68]

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