

ARTICLE 6**DIRECT CARE AND TREATMENT**

228.11

228.12

228.13 Section 1. Minnesota Statutes 2016, section 253B.10, subdivision 1, is amended to read:

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

228.18 (b) The commissioner shall prioritize patients being admitted from jail or a correctional
228.19 institution who are:

228.20 (1) ordered confined in a state hospital for an examination under Minnesota Rules of
228.21 Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;

228.22 (2) under civil commitment for competency treatment and continuing supervision under
228.23 Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

228.24 (3) found not guilty by reason of mental illness under Minnesota Rules of Criminal
228.25 Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be
228.26 detained in a state hospital or other facility pending completion of the civil commitment
228.27 proceedings; or

228.28 (4) committed under this chapter to the commissioner after dismissal of the patient's
228.29 criminal charges.

229.1 Patients described in this paragraph must be admitted to a service operated by the
229.2 commissioner within 48 hours. Regardless of when the 48-hour time period expires, a
229.3 regional treatment center is not required to admit a patient after 12:00 p.m. on Friday and
229.4 before 8:00 a.m. on Monday. The commitment must be ordered by the court as provided in
229.5 section 253B.09, subdivision 1, paragraph (c).

229.6 (c) Upon the arrival of a patient at the designated treatment facility, the head of the
229.7 facility shall retain the duplicate of the warrant and endorse receipt upon the original warrant
229.8 or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed
229.9 in the court of commitment. After arrival, the patient shall be under the control and custody
229.10 of the head of the treatment facility.

229.11 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
229.12 of law, the court order committing the patient, the report of the examiners, and the prepetition
229.13 report shall be provided promptly to the treatment facility.

229.14 Sec. 2. Minnesota Statutes 2016, section 253B.22, subdivision 1, is amended to read:

229.15 Subdivision 1. **Establishment.** The commissioner shall establish a review board of ~~three~~
229.16 ~~or more persons for each regional center~~ to review the admission and retention of its patients
229.17 receiving services under this chapter. The review board shall be comprised of two members
229.18 and one chair. Each board member shall be selected and appointed by the commissioner.
229.19 The appointed members shall be limited to one term of no more than three years and no
229.20 board member can serve more than three consecutive three-year terms. One member shall
229.21 be qualified in the diagnosis of mental illness, developmental disability, or chemical
229.22 dependency, and one member shall be an attorney. The commissioner may, upon written
229.23 request from the appropriate federal authority, establish a review panel for any federal
229.24 treatment facility within the state to review the admission and retention of patients
229.25 hospitalized under this chapter. For any review board established for a federal treatment
229.26 facility, one of the persons appointed by the commissioner shall be the commissioner of
229.27 veterans affairs or the commissioner's designee.

229.28 Sec. 3. **REVIEW OF ALTERNATIVES TO STATE-OPERATED GROUP HOMES**
229.29 **HOUSING ONE PERSON.**

229.30 The commissioner of human services shall review the potential for, and the viability of,
229.31 alternatives to state-operated group homes housing one person. The intent is to create housing
229.32 options for individuals who do not belong in an institutionalized setting, but need additional
229.33 support before transitioning to a more independent community placement. The review shall
230.1 include an analysis of existing housing settings operated by counties and private providers,
230.2 as well as the potential for new housing settings, and determine the viability for use by
230.3 state-operated services. The commissioner shall seek input from interested stakeholders as
230.4 part of the review. An update, including alternatives identified, will be provided by the
230.5 commissioner to the members of the legislative committees having jurisdiction over human
230.6 services issues no later than January 15, 2018.